

LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2010 OF THE CONDITION AND AFFAIRS OF THE

HealthSpring Life & Health Insurance Company, Inc. NAIC Group Code 3477 NAIC Company Code 12902 Employer's ID Number 20-8534298

	NAIO GIOUP OOGE	(Current)	(Prior)	iy code <u>12302</u> Lilipioyel 3 l	20-0304290
Organized under the L	aws of		xas	, State of Domicile or Port of E	ntry Texas
Country of Domicile			United S	States of America	
Incorporated/Organize	d	02/27/2007		Commenced Business _	02/27/2007
Statutory Home Office	290	0 North Loop We	est, Suite 1300		Houston, TX 77092
		(Street and N	umber)	(0	City or Town, State and Zip Code)
Main Administrative Of	ffice			Mainstream Dr.	
	Nachvilla	TN 37228	(Stree	et and Number)	615-291-7000
	(City or Town, St		e)		Area Code) (Telephone Number)
		•	•	,	,, ,
Mail Address		01 Mainstream [and Number or F			Nashville , TN 37228 Dity or Town, State and Zip Code)
	(01199110)	and Number of I	.0. 60%)	(0	on rown, state and zip odde)
Primary Location of Bo	ooks and Records			Mainstream Dr.	
	Nashville	TN 37228	(Stree	et and Number)	615-291-7000
	(City or Town, St		e)		Area Code) (Telephone Number)
Internet Website Addre	ess		www.h	ealthspring.com	
Statutory Statement C	ontact	Franklin	Stewart Warren (Name)		615-236-6100 (Area Code) (Telephone Number)
	stu.warren@he	ealthspring.com	(Ivaille)	,	615-401-4566
	(E-mail	Address)			(FAX Number)
			0	FFICERS	
President, Chairn	nan & CEO	Michael G	enn Mirt	Vice President & Secretary _	Mark Andrew Tulloch
		Franklin Stev		Vice President	
					
Jav Lan	don Hurt Vice Presid	ent		OTHER MD Corporate Medical Director	Dana Michelle Fields Compliance Officer
	ailey President - Pha			·	·
David Lo	Operations well Terry Chief Actu	ıarv		s McCullough Treasurer uebner Divisional President	Jack Lankford Wade Senior Vice President Matthew Shawn Morris Divisional President
	ames Allen Vice Pres			desire. Divisional Freditoria	matrion on an incident resident
			DIRECTOR	RS OR TRUSTEES	
	Randy Karl Fike			Christian Huebner	Robert Lamdin Dawson
Ma	tthew Shawn Morris		Mic	hael Glenn Mirt	Mark Andrew Tulloch
State of	Tennesse	ee	SS:		
County of	Davidso	n			
all of the herein description and affairs of in accordance with the rules or regulations respectively. Furthern	ibed assets were the th related exhibits, sch f the said reporting en e NAIC Annual Statem equire differences in nore, the scope of this formatting differences	absolute proper nedules and expl tity as of the repo nent Instructions reporting not re attestation by t	ly of the said reporting of anations therein contain orting period stated abov and Accounting Practice elated to accounting practice to described officers als	entity, free and clear from any lien ed, annexed or referred to, is a full re, and of its income and deduction es and Procedures manual except actices and procedures, according to includes the related correspondi	porting entity, and that on the reporting period stated above, is or claims thereon, except as herein stated, and that this and true statement of all the assets and liabilities and of the is therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state is to the best of their information, knowledge and belief, ing electronic filing with the NAIC, when required, that is an y be requested by various regulators in lieu of or in addition
	el Glenn Mirt Chairman & CEO to before me this			Andrew Tulloch sident & Secretary a. Is this an original filir b. If no,	Franklin Stewart Warren Chief Financial Officer g?
	day of			1. State the amend	
				2. Date filed	

Number of pages attached.....



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HealthSpring Life & Health Insurance Company, Inc.

	CT BUSINESS IN THE STATE OF Alabama Group Code 3477	11	FE INSURANCE	DURING THE YEAR 2010 NAIC Company Code 12902		
INAIC	Group Gode 5477	1	2	3	1VAIO 00111pa	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance	- · · · · · · · · · · · · · · · · · · ·				
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life i	nsurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1						
	Applied to provide paid-up annuities			·····		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
	Annuity benefits					
	Surrender values and withdrawals for life contracts					
	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301						
1302						
1303						
1398	. Summary of Line 13 from overflow page					
1399	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					
	<u> </u>	Credit Life	1	1		
	Ordinary	(Group and Individual	ual) Group		ndustrial	Total

	Credit Life Ordinary (Group and Individu				Group		Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year			†		†		+			
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid			·							
18.4 Reduction by compromise			\		+ F					
18.5 Amount rejected				₽						
18.6 Total settlements19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.., current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

	TOOIDEITI AITD		171101		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	18,676,294	18,676,294		13,506,901	13,375,366
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18.676.294	18.676.294	0	13.506.901	13.375.366



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Health Spring Life & Health Insurance Company, Inc.

DIRECT BUSINESS IN THE STATE OF Alaska				DURING TH	E YEAR 2010
NAIC Group Code 3477		LIFE INSURANCE	NAIC Compa	any Code 12902	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
Life insurance Annuity considerations					
Deposit-type contract funds		XXX		XXX	
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance: 6.1 Paid in cash or left on deposit					
Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities: 7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities	4 \ 1				
7.4 Totals (Sum of Lines 7.1 to 7.3)					

1399. Totals (Lines 1301 thru 130 above)		-								
	C	Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 8.1 By payment in full 8.2 By payment on compromised claims 8.3 Totals paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements 19. Unpaid Dec. 31, current		N								
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year				(a)	No. of Policies					

ACC	IDENT	AND	HEAL	.TH	INSUF	RANCE

.., current year \$

., current year \$., current year \$

		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
04.0	premium (b)					
	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	1,606,552	1,606,552		1,371,680	1,358,322
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)		0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,606,552	1,606,552	0	1,371,680	1,358,322

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products ______0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$

DIRECT CLAIMS AND BENEFITS PAID

Surrender values and withdrawals for life contracts.

9.

10.

11.

12.

15.

1301. 1302. 1303.

Totals

Death benefits

Matured endowments
Annuity benefits

DETAILS OF WRITE-INS

1398. Summary of Line 13 from overflow page

(a) Includes Individual Credit Life Insurance prior year \$



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Health Spring Life & Health Insurance Company, Inc. DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2010

NAIC Group Code 3477							Code 12902				
DIRECT	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	Cre	2 edit Life (Gı	roup		3	4		5
			Ordina	ary a	nd Individu	al)	Gr	oup	Industria	<u> </u>	Total
Annuity considerations											
Deposit-type contract fun					XXX				xxx		
4. Other considerations											
5. Totals (Sum of Lines 1 to		VIIOI DEDO									
DIRECT DIVIDENDS Life insurance:	10 POLIC	YHOLDERS									
6.1 Paid in cash or left on de	oosit										
6.2 Applied to pay renewal pr	emiums										
6.3 Applied to provide paid-u											
endowment or premi											
6.5 Totals (Sum of Lines 6.1											
Annuities:		_									
7.1 Paid in cash or left on de					N						
7.2 Applied to provide paid-u											
7.3 Other					····	·					
8. Grand Totals (Lines 6.5 p						W					
DIRECT CLAIMS	,	TITS PAID			_				1		
9. Death benefits											
10. Matured endowments											
11. Annuity benefits											
12. Surrender values and wit13. Aggregate write-ins for m											
and benefits paid											
14. All other benefits, except	accident and	d health									
15. Totals											
DETAILS OF WRITE-INS											
1302.											
1303.											
1398. Summary of Line 13 from	overflow pa	.ge									
1399. Totals (Lines 1301 thru 1	303 plus 139	98) (Line 13									
above)			1 0	11. 1.16	1			1		<u></u>	
		Ordinary		edit Life nd Individual)		Group			Industrial		Total
DIRECT DEATH	1	2	3	4	5		6	7	8	9	10
BENEFITS AND MATURED			No. of Ind.Pols.								
ENDOWMENTS			& Gr.		No. of						
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Am	nount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year											
17. Incurred during current year											
Settled during current year:											
18.1 By payment in full											
18.2 By payment on compromised claims											
18.3 Totals paid											
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements 19. Unpaid Dec. 31, current											
year (16+17-18.6)						V		L			
•					No. of						
POLICY EXHIBIT					Policies						
20. In force December 31, prior year			(a)							
21. Issued during year	-		Ι	,							
22. Other changes to in force					1						
(Net)23. In force December 31 of											
current year			(a)	<u> </u>						
a) Includes Individual Credit Life	Insurance p	rior year \$, curren	t year \$						
Includes Group Credit Life Ins			•		•				urrent year \$		
Loans greater than 60 months	at issue BL	JT NOT GREAT	ER THAN 120	MONTHS, prio	r year \$, C	urrent year \$		
			ACCIDEN.	T AND HE	ALTH IN	NSUR	ANCE				
			1		2			3	4		5
]			Dividend	ls Paid Or			

	ACCIDENT AND HEALTH INSURANCE											
		1	2	3	4	5						
				Dividends Paid Or								
			Direct Premiums	Credited On Direct		Direct Losses						
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24.	Group Policies (b)											
24.1	Federal Employees Health Benefits Program											
	premium (b)											
24.2	Credit (Group and Individual)											
24.3	Collectively renewable policies (b)											
24.4	Medicare Title XVIII exempt from state taxes or fees	462,265	462,265		264,590	262,013						
	Other Individual Policies:	,	,		,	,						
25.1	Non-cancelable (b)											
25.2	Guaranteed renewable (b)											
	Non-renewable for stated reasons only (b)											
25.4	Other accident only											
	All other (b)											
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0		۸ .	۸ ا						

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ANNUAL	. STATEMENT F	OR THE YE	AR 2010 OF	THE	HealthSpring	Life & Health I	nsurance Compa	ny, Ind).
DIRECT BUSINESS	N THE STATE OF	Arkansas					DURING THE	YEAR	2010
NAIC Group Code	3477		LI	IFE IN	SURANCE		NAIC Compan	/ Code	12902

	·	1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group	_		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuit	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					
	above)					

	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims	,									
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	2	4	F
	I	2	Dividends Paid Or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	1,812,775	1,812,775		1, 132, 224	1, 121, 19
Other Individual Policies:	, ,	, ,		, ,	, ,
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		0	0	0	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1 812 775	0	1 132 224	1 121 198



ANNUAL STATEMENT FOR THE	YEAR 2010 OF	THE HealthSpri	ng Life & Health	Insurance Comp	oany, Inc.
DIRECT BUSINESS IN THE STATE OF California				DURING TH	E YEAR 2010
NAIC Group Code 3477	LI	FE INSURANCE	=	NAIC Compa	any Code 12902
	1	2	3	4	5
DIRECT PREMIUMS		Credit Life (Group			
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1 Life insurance					

	DIRECT PREMIUMS	'	Credit Life (Group	O	T	J
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	-	· ·			
2.	Annuity considerations					
3.	Deposit-type contract funds				XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
	Applied to provide paid-up annuities					
7.3	Other					
	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.						
10.	Matured endowments					
11.						
12.						
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS	_				·
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		,		*		*				
	(Ordinary		Credit Life (Group and Individual)		Group		ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind.Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year									-	
Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise									-	
18.5 Amount rejected				8						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				a)						
21. Issued during year					ļ					
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

	-	CODENI AND	IILALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	5,567,089	5,567,089		5,423,627	5,370,810
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,567,089	5,567,089	0	5,423,627	5,370,810

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons

insured under indemnity only products ...0 .



					4 3 0 0 6 0	
ANNUAL	STATEMENT FOR THE YEAR 20	010 OF THE He	althSpring Life	& Health Insu	ırance Company, lı	nc.
DIRECT BUSINESS	N THE STATE OF Colorado				DURING THE YEAR	2010
NAIC Group Code	3477	LIFE INSU	RANCE		NAIC Company Code	e 12902

	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	•	<i>'</i>	·		
2.	Annuity considerations					
3.	Deposit-type contract funds				XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

	(Ordinary	_	Credit Life (Group and Individual)		Group		ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year									-	
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected					N				-	
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year		_		(a)	No. of Policies					
21. Issued during year				·/						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

	-	CCIDEIII AIID	IILALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	9,806,104	9,806,104		9,068,086	8,979,778
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,806,104	9,806,104	0	9,068,086	8,979,778

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons

insured under indemnity only products0 .



			1 2 9 0		1 0 4 3 0		
ANNUAL	STATEMENT FOR THE	YEAR 2010 OF THE	HealthSpring Li	ife & Health	Insurance Co	mpany, In	C.
DIRECT BUSINESS I	N THE STATE OF Connecticut				DURING 7	THE YEAR	2010
NAIC Group Code	3477	LIFE II	NSURANCE		NAIC Con	npany Code	12902

)
		1	2	3	4	5
	DIRECT PREMIUMS	0	Credit Life (Group	0	la di catala l	T-4-1
1.	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	surance:					
	Paid in cash or left on deposit					
	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annu	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims					
	and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims	,									
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

ACCIDENT AND HEALTH INSURANCE

	_	CODENI AND	IILALIII IIIOOI			
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	6.637.830	6.637.830	0	6,277,105	6.215.976
	Other Individual Policies:	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		, , ,	, , , , ,
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,637,830	6,637,830	0	6,277,105	6,215,976

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _______0 and number of persons

insured under indemnity only products0 .



ANNUAI	$_{ extsf{L}}$ STATEMENT F	OR THE YEAR	2010 OF THE	HealthSpring	Life & Health	Insurance Company,	Inc	
DIRECT BUSINESS	IN THE STATE OF	Delaware				DURING THE YEA	\ R 2	2010
NAIC Group Code	3477		LIFE IN	ISURANCE		NAIC Company Co	ode	12902

		1	2	3	4	5
	DIRECT PREMIUMS	0 "	Credit Life (Group			.
1	AND ANNUITY CONSIDERATIONS Life insurance	Ordinary	and Individual)	Group	Industrial	Total
• • •	Annuity considerations					
2.	•					
3.	Deposit-type contract funds		XXX		XXX	<u> </u>
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
-	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					ļ
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts				ļ	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health				l l	
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						ļ
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13				ļ	

		Ordinary		redit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected					\					
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
POLICY EXHIBIT		-			No. of Policies		T			
In force December 31, prior year 21. Issued during year			1	(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

	-	CCIDEIII AIID	IILALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	1,547,584	1,547,584		1,379,254	1,365,822
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,547,584	1,547,584	0	1,379,254	1,365,822

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons

insured under indemnity only products ...0 .



							2 0							0
ANNUAL	. STATEMENT F	FOR THE YEAR 2	2010 OF THE	HealthSp	ring L	₋ife & I	Health	Insur	ance	Com	npan	y, Ind).	
DIRECT BUSINESS	IN THE STATE OF	District of Columbia							DUR	ING TI	HE Y	EAR	2010	O
NAIC Group Code	3477		LIFE IN	ISURANC	Œ				NAIC	Com	oany	Code	129	902

NAIC	Group Code 3477		LIFE INSURANCE	=	NAIC Compa	ny Code 12902
		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group	_		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.						
2.	· · · · · · · · · · · · · · · · · · ·					
3.			XXX		XXX	
4.	The state of the s					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.						
11.	A '1 1 C'1					
12.	Currender values and withdrawale for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302						
1303						
1398	Cummany of Line 10 from avariant page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					
1000.	above)					

		,		*		*				
	(Ordinary	Credit Life (Group and Individual)		Group		Ir	Industrial		Total
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind.Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year									-	
Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise									-	
18.5 Amount rejected				8						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				a)						
21. Issued during year					ļ					
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

current year			(a)				
(a) Includes Individual Cred	dit Life Insurance p	rior year \$, current year \$	 		
Includes Group Credit L	ife Insurance Loar	ns less than or equ	ual to 60 months at	issue, prior year \$, Cl	urrent year \$	
Loans greater than 60 r	nonths at issue BL	JT NOT GREATE	R THAN 120 MON	THS, prior year \$	 Cl	urrent year \$	

ACCIDENT AND HEALTH INSURANCE

	-	CCIDEIII AIID	IILALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	1,946,870	1,946,870		1,642,416	1,626,422
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,946,870	1,946,870	0	1,642,416	1,626,422

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons

insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Health Spring Life & Health Insurance Company, Inc. DURING THE YEAR 2010 DIRECT BUSINESS IN THE STATE OF Florida

NAIC Group Code 3477				LIFE I	NSUR	ANCE	•		NAIC	Company	Code 1290
		,	1	_	2			3	4		5
DIRECT AND ANNUITY (PREMIUMS CONSIDER		Ordin		dit Life (G nd Individu		Gr	oup	Industrial		Total
		ATIONS	Olulli	ary ar	ia iriaiviau	iai)	Gi	oup	industria	-	TOtal
2. Annuity considerations											
3. Deposit-type contract fund	st				XXX				XXX		
4. Other considerations											
5. Totals (Sum of Lines 1 to											
DIRECT DIVIDENDS	TO POLIC	YHOLDERS									
ife insurance:	.,										
6.1 Paid in cash or left on dep											
6.2 Applied to pay renewal pr6.3 Applied to provide paid-up											
endowment or premit											
6.4 Other											
6.5 Totals (Sum of Lines 6.1	io 6.4)										
innuities:											
7.1 Paid in cash or left on dep											
7.2 Applied to provide paid-up											
7.3 Other				······································		\					
7.4 Totals (Sum of Lines 7.1 t8. Grand Totals (Lines 6.5 p	,					1					
DIRECT CLAIMS A		FITS DAID				•					
9. Death benefits											
Matured endowments											
11. Annuity benefits											
12. Surrender values and with											
13. Aggregate write-ins for mi											
and benefits paid											
14. All other benefits, except15. Totals	accident an	id nealth									
DETAILS OF WRITE-INS											
301											
302.											
303.											
1398. Summary of Line 13 from	overflow pa	age									
1399. Totals (Lines 1301 thru 13	303 plus 139	98) (Line 13									
above)											
				edit Life							
DIRECT DEATH	1	Ordinary 2	(Group a	and Individual)	5	Group	6	7	ndustrial 8	9	Total 10
BENEFITS AND	'	2	No. of	4	5		б	/	8	9	10
MATURED			Ind.Pols.								
ENDOWMENTS		_	& Gr.		No. of	_					
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Ar	mount	No.	Amount	No.	Amount
Unpaid December 31, prior year											
17. Incurred during current year											
Settled during current year:											
8.1 By payment in full											
8.2 By payment on											
compromised claims					+						-
8.3 Totals paid	-				-						-
8.4 Reduction by compromise 8.5 Amount rejected	1			7	+ 1/2						
8.6 Total settlements]			T							†
19. Unpaid Dec. 31, current	1				1	/		İ			
year (16+17-18.6)			V			V					
		_			No. of						
POLICY EXHIBIT					Policies						
20. In force December 31, prior				١,							
year 1. Issued during year	<u></u>		 (6	a)	†			İ			
22. Other changes to in force					1						
(Net)					ļ			ļ			
23. In force December 31 of				. \							
current year	<u> </u>		(6		L			1		<u> </u>	1
Includes Individual Credit Life				, current					irrant vaar A		
Includes Group Credit Life Ins Loans greater than 60 months			•						urrent year \$		
Louis greater than ou months	at issue Dt			•	-			, CI	urrent year \$		
			ACCIDEN	T AND HEA	ALTH IN	NSUF	RANCE				

<i>P</i>	CCIDENT AND	HEALTH INSUR	IANCE
	1	2	
			Dividen

		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	1,587,151	1,587,151		1,209,705	1, 197, 924
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,587,151	1,587,151	0	1,209,705	1, 197, 924



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Health Spring Life & Health Insurance Company, Inc. DURING THE YEAR 2010

DIRECT BUSINESS IN THE STATE OF Georgia

IAIC	Group Code 3477				-	FE INS	JULA D	MUCE		<u> </u>	NAIC (∪ompa	ny Code 129
	DIRECT F	REMIUMS	S		1	2 Credit Lif	e (Gr	guo		3	4		5
	AND ANNUITY C	ONSIDER	ATIONS	Ord	inary	and Ind			Gr	oup	Industrial	I	Total
1.	Life insurance												
2.	Annuity considerations												
3. 4.	Deposit-type contract fund Other considerations					X	XX				XXX		
4. 5.	Totals (Sum of Lines 1 to										-		
J.	DIRECT DIVIDENDS	,	YHOLDERS										
ife in	surance:	TOTOLIC	THOLDENS										
6.1	Paid in cash or left on dep	osit											
6.2	Applied to pay renewal pre												
6.3	Applied to provide paid-up												
o 4	endowment or premiu												
	Other Totals (Sum of Lines 6.1 to												
o.s Innuit	•	J 0.4)				<u>-</u>							
7.1	Paid in cash or left on dep	osit											
	Applied to provide paid-up												
	Other												
7.4	Totals (Sum of Lines 7.1 to	o 7.3)						7					
8.	Grand Totals (Lines 6.5 pl	us 7.4)					•	71					
	DIRECT CLAIMS A		-										
9.	Death benefits												
10.	Matured endowments												
11.	Annuity benefits												
	Surrender values and with Aggregate write-ins for mis										+		
ı٥.	and benefits paid												
14.	All other benefits, except a	ccident ar	nd health										
15.	Totals												
	DETAILS OF WRITE-INS												
301.													
302.													
	Summary of Line 13 from		•										
1399.	Totals (Lines 1301 thru 13 above)	os pius 13	198) (LINE 13										
		1		1		-				1		1	
			Ordinary		Credit Life and Individu	ual)		Group	1	In	ndustrial		Total
	DIRECT DEATH	1	2	3	4	5	5	агоар	6	7	8	9	10
	BENEFITS AND			No. of									
	MATURED ENDOWMENTS			Ind.Pols. & Gr.		No	of						
	INCURRED	No.	Amount	Certifs.	Amour			ıΑ	mount	No.	Amount	No.	Amount
	npaid December 31, prior												
7 15	year curred during current year												
	ettled during current year: y payment in full												
	y payment on												
(compromised claims	,			ļ					 			
	otals paid		-										
	eduction by compromise			\-			\			-			
	mount rejected		·	7 -	 		1			<u> </u>			
	otal settlements			1	\	┈╂┼╂┈		···•					
	npaid Dec. 31, current year (16+17-18.6)			V			1	V					
	, ()					No	. of	-					
	POLICY EXHIBIT					Poli							
	force December 31, prior												
	year		-		(a)								
	sued during year ther changes to in force												
	(Net)									<u> </u>			
23. In	force December 31 of												
	current year		I		(a)		1						
,	udes Individual Credit Life I		•		, C	,							
	udes Group Credit Life Insu										rrent year \$		
roa	ins greater than 60 months	at issue B								, cu	rrent year \$		
				ACCIDE	NT AND	HEALT	H IN	ISUF	RANCE				
					1		2			3	4		5
						D:		m.c		s Paid Or			Di
				Direct P	remiums	Direct P	remiu ned	ms		On Direct	Direct Losses	Paid	Direct Losses Incurred
24	Group Policies (h)			יוופטוים	CITIUITIO	∟aı	เเซน		Business		Direct Losses Paid		incurred

		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	6,815,374	6,815,374		5,693,041	6,221,799
	Other Individual Policies:	, ,	, ,		, ,	, ,
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,815,374	6,815,374	0	5,693,041	6,221,799

6,815,374 6,815,374 0 5,693,041 6
s insured under PPO managed care products0 and number of persons (b) For health business on indicated lines report: Number of persons insured under PPO managed care products

....0 . insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Health Spring Life & Health Insurance Company, Inc. DURING THE YEAR 2010

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF Hawaii

25.2 Guaranteed renewable (b)

25.6 Totals (sum of Lines 25.1 to 25.5) ...

25.4 Other accident only 25.5 All other (b) ...

25.3 Non-renewable for stated reasons only (b) ...

26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

NAIC Group Code 3477				LI	FE INSUF	RANCI	Ε		NAIC	Company	y Code 12902
DIRECT	PREMIUMS	,		1	2 Credit Life (Group	;	3	4		5
AND ANNUITY			Ord	inary	and Indivi		Gro	oup	Industria	ıl	Total
Life insurance											
 Annuity considerations Deposit-type contract fun 											
Other considerations					XXX.				XXX		
5. Totals (Sum of Lines 1 to											
DIRECT DIVIDENDS	TO POLIC	YHOLDERS									
Life insurance: 6.1 Paid in cash or left on de	nonit										
6.2 Applied to pay renewal pr											
6.3 Applied to provide paid-u	p additions	or shorten the									
endowment or premi 6.4 Other											
6.5 Totals (Sum of Lines 6.1									 		
Annuities:	•				—						
7.1 Paid in cash or left on de					7						
7.2 Applied to provide paid-u 7.3 Other					-1	\					
7.4 Totals (Sum of Lines 7.1											
8. Grand Totals (Lines 6.5 p	,		7			N					
DIRECT CLAIMS											
Death benefits Matured endowments											
11. Annuity benefits							İ				
12. Surrender values and wit	hdrawals for	r life contracts									
13. Aggregate write-ins for m											
and benefits paid											
15. Totals											
DETAILS OF WRITE-INS											
1301. 1302.											
1303.											
1398. Summary of Line 13 from	overflow pa	age									
1399. Totals (Lines 1301 thru 1 above)	303 plus 13	98) (Line 13									
45510)			1	2 12.1.7	1					1	
		Ordinary		Credit Life and Individu	ual)	Grou	р	In	dustrial		Total
DIRECT DEATH	1	2	3	4	5		6	7	8	9	10
BENEFITS AND MATURED			No. of Ind.Pols.								
ENDOWMENTS	1		& Gr.		No. of			l		l	
INCURRED 16. Unpaid December 31, prior	No.	Amount	Certifs.	Amoun	nt Certifs	. A	mount	No.	Amount	No.	Amount
year										-}	
 Incurred during current year Settled during current year: 										-	
18.1 By payment in full											
18.2 By payment on											
compromised claims			_			·····				·	
18.4 Reduction by compromise											
18.5 Amount rejected					-1-1-7	·				-	
18.6 Total settlements						\					
year (16+17-18.6)						V					
BOLIOV EVILLE					No. of			T			
POLICY EXHIBIT 20. In force December 31, prior					Policie	5					
year				(a)						-	
21. Issued during year22. Other changes to in force											
(Net)								ļ			
23. In force December 31 of current year				(a)							
(a) Includes Individual Credit Life	Insurance p	prior year \$			current year \$					1	
Includes Group Credit Life Ins	urance Loa	ns less than or ec	qual to 60 m	onths at issu	ue, prior year \$				•		
Loans greater than 60 months	s at issue Bl	UT NOT GREATE	ER THAN 1	20 MONTHS	S, prior year \$, cur	rent year \$		
			CCIDE	NT AND	HEALTH	<u>INS</u> UI	RANCE				
				1	2			3 Is Paid Or	4		5
					Direct Pren	niums		On Direct			Direct Losses
O4 Crows Dallat (1)			Direct P	remiums	Earne			iness	Direct Losses	Paid	Incurred
24. Group Policies (b)										 	
premium (b)			ļ				ļ		ļ		
24.2 Credit (Group and Individ	uol\		l				Í			L	
24.3 Collectively renewable po	olicies (b)			3 572 240	ი	572 240			9 9		2 20£ 702
	olicies (b)			3,572,249	3,	572,249			3,3	329 , 122	3,296,702

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products ...0 .

3,572,249

0

3,329,122

3,572,249

3,296,702



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HealthSpring Life & Health Insurance Company, Inc.

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2010

DIRECT PI AND ANNUITY CO	ONSIDER			1 linary	Credit Lit		•	3	4		5
AND ANNUITY CO	ONSIDER		Oro	linary			•	_	1		
ife insurance				iii iai y	and inc	<u>ııvıd</u> ual	1) (Group	Industria		Total
Annuity considerations											
Deposit-type contract funds					X	XX			xxx		
Other considerations											
otals (Sum of Lines 1 to 4)										
DIRECT DIVIDENDS T	O POLIC	YHOLDERS									
urance:											
aid in cash or left on depo	sit										
Applied to pay renewal prer	niums										
	0.4)										
	eit										
			\								
			1		······································	7					
			7	···							
			V		/						
· · · · · · · · · · · · · · · · · · ·		FITS PAID									
All other benefits, except ac	cident an	nd health									
Γotals											
DETAILS OF WRITE-INS											
•		•									
	3 plus 13	98) (Line 13									
above)											
		0. "									-
DIDECT DEATH				o and Indiv						0	Total
	ı		_	4	· ;	,	О	/	0	9	10
MATURED											
ENDOWMENTS			& Gr.		No	. of					
	No.	Amount	Certifs.	Amo	ount Cer	tifs.	Amount	No.	Amount	No.	Amou
•											
		-		†					l	 	
				+							
, , _,				†							
als paid						I					
duction by compromise						\I					
al settlements						N.					
paid Dec. 31, current						1					
ear (16+17-18.6)			V			\	▝▋▐▃				
	_										
POLICY EXHIBIT					Poli	cies					
orce December 31, prior				(-)							
				.(a)							-
				 							
let)											
orce December 31 of											
		1	1		1				I	1	1
urrent year				(a)						<u> </u>	
	DIRECT DIVIDENDS T DIRECT DIVIDENDS T DIRECT DIVIDENDS T DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED DIRECT DEATH BENEFITS AND MATURED BOATH TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOT	Applied to pay renewal premiums	DIRECT DIVIDENDS TO POLICYHOLDERS Jarance: Paid in cash or left on deposit Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period Dither Fotals (Sum of Lines 6.1 to 6.4) Jarand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits Surrender values and withdrawals for life contracts and benefits paid All other benefits, except accident and health Fotals DETAILS OF WRITE-INS DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED No. Amount DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED PAID DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED PAID DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED David December 31, prior payment in full payment on mpromised claims als paid duction by compromise Jount rejected Jount rej	DIRECT DIVIDENDS TO POLICYHOLDERS Jerance: Paid in cash or left on deposit	DIRECT DIVIDENDS TO POLICYHOLDERS Jerance: Paid in cash or left on deposit Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period Dither. Fotals (Sum of Lines 6.1 to 6.4) Jeraid in cash or left on deposit Applied to provide paid-up annuities Dither. Fotals (Sum of Lines 7.1 to 7.3) Brand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits Burrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Fotals DETAILS OF WRITE-INS DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED ENDOWMENTS INCURRED Daid December 31, prior par Jurred during current year: tled during current year: tled during current year: payment on mpromised claims als paid duction by compromise Journel of the payment on mpromised claims als paid duction by compromise Journel payment on mpromised claims als paid duction by compromise Journel payment in full Journel Count rejected Journel	DIRECT DIVIDENDS TO POLICYHOLDERS Jarance: Jarance: Jardi in cash or left on deposit. Applied to provide paid-up additions or shorten the endowment or premium-paying period Dither: Jordia (Sum of Lines 6.1 to 6.4) Jis: Jaid in cash or left on deposit. Applied to provide paid-up annuities Jordia (Sum of Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Death benefits Jordia (Sum of Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Death benefits Jordia (Lines 6.5 plus 7.4) DIRECT LAIMS AND BENEFITS PAID Death benefits Jordia (Lines 6.5 plus 7.4) DIRECT LAIMS AND BENEFITS PAID Death benefits Jordia (Lines 6.5 plus 7.4) DIRECT LAIMS AND BENEFITS PAID Jordia (Lines 6.5 plus 7.4) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED JORDIA (Lines 1301 thru 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED LONG Amount Amount Amount Certifis. Amount Certifis. Amount Certifis (Amount Certifis Amount Certified during current year: payment in full payment on mipromised claims als paid duction by compromise ount rejected al settlements pagid Dec. 31, current ar (16+17-18.6) POLICY EXHIBIT orce December 31, prior ar Jordia (Jordia (Lines 13), prior ar Jordia (Jordia (Lines 14)) Jordia (Lines 15) Jordia (Lines 16) Jordia (Line	DIRECT DIVIDENDS TO POLICYHOLDERS Jarance: Jaraid in cash or left on deposit Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period Ther Jordials (Sum of Lines 6.1 to 6.4) Sis: Paid in cash or left on deposit Applied to provide paid-up annutities Dither Jordials (Sum of Lines 7.1 to 7.3) Jordials (Sum of Lines 7.1 to 7.3) Jordials (Sum of Lines 7.1 to 7.3) Jordials (Sum of Lines 7.1 to 7.3) Jordials (Sum of Lines 7.1 to 7.3) Jordials (Sum of Lines 7.1 to 7.3) Jordials (Sum of Lines 7.1 to 7.3) Jordials (Sum of Lines 7.1 to 7.3) Jordials (Sum of Lines 7.1 to 7.3) Jordials (Sum of Lines 7.1 to 7.3) Jordials (Sum of Lines 7.1 to 7.3) Jordials (Sum of Lines 7.1 to 7.3) Jordials (Lines 8.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Jordials (Jordials Summary of Lines 13 from overflow page Jordials (Lines 13 from overflow page Lines 13 from overflow page Lines 1301 thru 1303 plus 1398) (Line 13 dove) DIRECT DEATH BENEFITS AND MATURED Ind. Pols. Jordials (Lines 1301 thru 1303 plus 1398) (Line 13 dove) DIRECT DEATH BENEFITS AND MATURED Ind. Pols. Jordials (Lines 13 from overflow page Lines 13 dove) Jordials (Lines 1301 thru 1303 plus 1398) (Line 13 dove) DIRECT DEATH BENEFITS AND Ind. Pols. Jordials (Lines 1301 thru 1303 plus 1398) (Line 13 dove) Jordials (Lines 1301 thru 1303 plus 1398) (Line 13 dove) DIRECT DEATH BENEFITS AND Ind. Pols. Amount Cerdit. Life (Group and Individual) Anount Jordials (Lines 1301 thru 1303 plus 1398) (Line 13 dove) Jordials (Lines 1301 thru 1303 plus 1398) (Line 13 dove) DIRECT DEATH BENEFITS AND Ind. Pols. Amount Cerdit. Life (Group and Individual) All Cordinary Credit Life (Group and Individual) No. of (Group and Individual) No. of (Group and Individual) No. of (Group and Individual) No. of (Group and Individual) Anount Credit Life (Lines 13 to No. of (Group and Individual) No. of (Group and Individual) No. of (Group and Individual) No. of (Group and Individual) No	DIRECT DIVIDENDS TO POLICYHOLDERS Jarace: Jarace: Jarace in cash or left on deposit Applied to provide paid-up additions or shorten the endowment or premium-paying period Dither Fotals (Sum of Lines 6.1 to 6.4) Service in cash or left on deposit Applied to provide paid-up annuities Dither Fotals (Sum of Lines 6.5 plus 7.4) Direct CLAIMS AND BENEFITS PAID Death benefits Annuity benefits Annuity benefits Annuity benefits Annuity benefits Annuity benefits Annuity benefits Direct CLAIMS AND BENEFITS PAID Surrender values and withdrawals for life contracts Annuity benefits Annuity benefits Annuity benefits Direct CLAIMS AND BENEFITS PAID Surrender values and withdrawals for life contracts Annuity benefits Direct Death Direct Death Benefits paid All other benefits, except accident and health Fotals DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED No. Amount Amount Amount Amount Certifs. Am	DIRECT DIVIDENDS TO POLICYHOLDERS prance: Paid in cash or left on deposit popiled to pravide paid-up additions or shorten the endowment or premium-paying period Ther Potals (Sum of Lines 6.1 to 6.4) Sizal in cash or left on deposit Paying and times Paying an interest of the state of the state of the endowment or premium-paying period Totals (Sum of Lines 7.1 to 7.3) Trand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Potals (Sum of Lines 7.1 to 7.3) Trand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Potals benefits Autured endowments Annully benefits Surrender values and withdrawals for life contracts. Aggregate write-ins for miscellaneous direct claims and benefits paid I other benefits, except accident and health Totals Totals (Lines 1301 thru 1303 plus 1398) (Line 13 DIRECT DEATH BENEFITS AND MATURED FOR AMOUNT I 2 3 4 5 6 7 No. of Ind. Polis. Amount Ordinary	DIRECT LOUIS AND PRINCIPLES raince; and in cash or left on deposit Applied to pay renewal premiums. Applied to pay renewal premiums. Applied to provide paid-up additions or shorten the endowment or premium-paying period. Totals (Sum of Lines 6.1 to 6.4). Sis: Applied to provide paid-up annutiles. Therer Crotals (Sum of Lines 7.1 to 7.3). Frand Totals (Lines 8.5 plus 7.4). DIRECT CLAIMS AND BENEFITS PAID Death benefits Adultured endowments. Annuty benefits Authured endowments. Annuty benefits Authured benefits and benefits paid. But there benefits, except accident and health. Totals Crotals DETAILS OF WRITE-INS DIRECT DEATH BRIEFTS AND MATURED INCURRED NO. Amount Certifs. Amount Amount Amount Certifs. Amount No. Amount Police Poli	DIRECT DIVIDENDS TO POLICYHOLDERS irrance: aid in cash or left on deposit Applied to pay encewal preniums Applied to provide paid-up additions or shorten the endowment or prenium-paying period Totals (Sum of Lines 5.1 to 6.4) Sistematical for provide paid-up annutities There Totals (Sum of Lines 7.1 to 7.3) Arrand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Peath benefits Surrender values and withdrawals for life contracts. Aggregate write in for miscellaneous direct claims and benefits paid in clerb benefits. Surrender values and withdrawals for life contracts. Aggregate write ins for miscellaneous direct claims and benefits paid in clerb benefits. Surrender values and withdrawals for life contracts. Aggregate write ins for miscellaneous direct claims and benefits paid in clieb the part of the pa

ACCIDENT AND HEALTH INSURANCE

					•	
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	2,783,964	2,783,964		2,462,180	2,438,202
	Other Individual Policies:	, ,			, ,	, ,
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,783,964	2,783,964	0	2,462,180	2,438,202



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HealthSpring Life & Health Insurance Company, Inc.

DIRECT BUSINESS IN THE	STATE C	OF Illinois				, ,		DURI	NG THE Y	EAR 2010
NAIC Group Code 3477				LIFE	INSUR	ANCE				Code 12902
·			1		2		3	4		5
	PREMIUMS		0 "		redit Life (G					-
AND ANNUITY C 1. Life insurance			Ordir	1	and Individu	ıaı)	Group	Industria		Total
Annuity considerations Deposit-type contract fund										
Deposit-type contract functions Other considerations					XXX			XXX		
5. Totals (Sum of Lines 1 to DIRECT DIVIDENDS	,	WHO! DEDC								
	TO POLIC	THOLDERS								
Life insurance:	a a i t									
6.1 Paid in cash or left on dep										
6.2 Applied to pay renewal pre										
6.3 Applied to provide paid-up endowment or premiu										
6.4 Other										
6.5 Totals (Sum of Lines 6.1 t										
Annuities:	,	_	_		_					
7.1 Paid in cash or left on dep	osit									
7.2 Applied to provide paid-up										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 t					,					
8. Grand Totals (Lines 6.5 pl					·					
DIRECT CLAIMS A		FITS PAID			_					
		_								
10. Matured endowments										
11. Annuity benefits										
Surrender values and with	drawals fo	r life contracts								
Aggregate write-ins for mi	scellaneou	s direct claims								
and benefits paid										
14. All other benefits, except a	accident an	nd health								
15. Totals										
DETAILS OF WRITE-INS										
1301.										
1302.										
1303.										
1398. Summary of Line 13 from		•								
1399. Totals (Lines 1301 thru 13	303 plus 13	398) (Line 13								
above)										
	İ		С	redit Life					1	
		Ordinary		and Individual)		Group		Industrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED			No. of Ind.Pols.							
ENDOWMENTS			& Gr.		No. of					
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year	ļ	-				 		ļ		
17. Incurred during current year		-								-
Settled during current year:										
18.1 By payment in full		-				 				

compromised claims									
18.4 Reduction by compromise									
18.5 Amount rejected									
18.6 Total settlements									
19. Unpaid Dec. 31, current year (16+17-18.6)			V			NL			
POLICY EXHIBIT 20. In force December 31, prior year		-		a)	No. of Policies				
21. Issued during year									
22. Other changes to in force (Net)									
23. In force December 31 of current year			(a)					
(a) Includes Individual Credit Life Ins Includes Group Credit Life Insura Loans greater than 60 months at	ance Loans less th	nan or equal to	o 60 mc	onths at issue, pr	ior year \$, (•	

ACCIDENT AND HEALTH INSURANCE

•	ACCIDEITI AITD	IILALIII IIIOOI	IAIIOL		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	41,053,295	41,053,295		35,914,132	35,564,388
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	41,053,295	41.053.295	0	35,914,132	35.564.388



ANNUA	AL STATEMENT	FOR THE	YEAR 2010 OF	IHE	HealthSpring	Lite & Health	Insurance	e Company, In	c.
DIRECT BUSINES	S IN THE STATE OF	F Indiana					DUF	RING THE YEAR	2010
NAIC Group Code	3477		L	IFE II	NSURANCE		NAI	C Company Code	12902

)
		1	2	3	4	5
	DIRECT PREMIUMS	0	Credit Life (Group	0	la di catala l	T-4-1
1.	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	surance:					
	Paid in cash or left on deposit					
	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annu	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims					
	and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		,		*		*				
	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial	Total	
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind.Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year									-	
Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise									-	
18.5 Amount rejected				8						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				a)						
21. Issued during year					ļ					
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.., current year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	TOOIDEITI AITD	IILALIII IIIOOI	171101		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	12,318,119	12,318,119		11,063,483	10,955,743
Other Individual Policies:	, ,	, ,		, ,	
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	L0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12.318.119	12.318.119	0	11.063.483	10.955.743



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HealthSpring Life & Health

	CT BUSINESS IN THE STATE OF Iowa		NSURANCE			DURIN	IG THE	E YEAR 2010
INAIC	Group Code 3477	1	2		3	NAIC (Jompa	ny Code 12902
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	dit Life (Group d Individual)	Gro		4 Industrial		5 Total
1.	Life incomes							
2.								
3.	Deposit-type contract funds		XXX			XXX		
4.	Other considerations							
5.	Totals (Sum of Lines 1 to 4)							
	DIRECT DIVIDENDS TO POLICYHOLDERS							
Life ir	nsurance:							
6.1	Paid in cash or left on deposit							
6.2	Applied to pay renewal premiums							
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period		 					
	Other		 					
	Totals (Sum of Lines 6.1 to 6.4)		 					
Annu								
7.1	Paid in cash or left on deposit							
7.2	Applied to provide paid-up annuities		 		<u></u>			
7.3	Applied to provide paid-up annuities Other		 					
7.4	Totals (Sum of Lines 7.1 to 7.3)							
8.	Grand Totals (Lines 6.5 plus 7.4)							
	DIRECT CLAIMS AND BENEFITS PAID							
9.	Death benefits		 					
10.	Matured endowments		 					
11.	. ,		 					
	Surrender values and withdrawals for life contracts		 					
14.	All other benefits, except accident and health		 					
15.	Totals							
	DETAILS OF WRITE-INS							
1302.			 					
1303.			 					
1398.	Summary of Line 13 from overflow page		 					
1399.	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)							
		Credit Life					1	
	Ordinary	(Group and Indiv	Group	p	Inc	lustrial		Total

	Ordinary			redit Life and Individual)		Group	1	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year					+				-	
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims	,									
18.4 Reduction by compromise										
18.5 Amount rejected			*							
18.6 Total settlements	!								·	
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior										
year21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

current year			(a)				
(a) Includes Individual Credit I	ife Insurance p	rior year \$, current year \$	 		
Includes Group Credit Life	Insurance Loa	ns less than or equ	ual to 60 months at is	ssue, prior year \$, Cl	urrent year \$.	
Loans greater than 60 mor	nths at issue Bl	JT NOT GREATE	R THAN 120 MONTI	HS, prior year \$	 Cl	urrent year \$.	

A	CCIDENT AND	HEALTH INSUF	RANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	5,952,870	5.952.870		5,240,516	5.189.482
Other Individual Policies:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,	,
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,952,870	5,952,870	0	5,240,516	5,189,482

26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) (b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons0 . insured under indemnity only products



ANNUAL STATEMENT FOR THE	YEAR 2010 OF	THE HealthSpri		Insurance Comp	bany, Inc.
DIRECT BUSINESS IN THE STATE OF Kansas				DURING TH	E YEAR 2010
NAIC Group Code 3477	LI	FE INSURANCE	E	NAIC Compa	any Code 12902
	1	2	3	4	5

INAIC	Group Code 3477			_	NAIC Company Code 12902			
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total		
1.	Life insurance			Group	industrial	Total		
2.	Annuity considerations							
3.	Deposit-type contract funds				VVV			
4.	Other considerations							
5.	Totals (Sum of Lines 1 to 4)							
٠.	DIRECT DIVIDENDS TO POLICYHOLDERS							
Life ir	nsurance:							
6.1	Details and an left on demants							
6.2	Applied to pay renewal premiums							
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period							
6.4	Other							
	Totals (Sum of Lines 6.1 to 6.4)							
Annu								
7.1	Paid in cash or left on deposit							
	Applied to provide paid-up annuities	\		····				
7.3	Other							
7.4	Totals (Sum of Lines 7.1 to 7.3)							
8.	Grand Totals (Lines 6.5 plus 7.4)							
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits							
10.	Matured endowments							
11.	Annuity benefits							
12.	Surrender values and withdrawals for life contracts							
14.	All other benefits, except accident and health							
15.	Totals							
	DETAILS OF WRITE-INS							
1301.								
1302.								
1303.								
	Summary of Line 13 from overflow page							
1399.	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)							

above)										
		Ordinary		Credit Life (Group and Individual)		Group	lı	ndustrial	Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year			†		†					
Settled during current year:			†							
18.1 By payment in full										
18.2 By payment on compromised claims									-	
18.3 Totals paid		·····	·							
18.4 Reduction by compromise 18.5 Amount rejected			\							
18.6 Total settlements				₽						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			((a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

	AOOIDEITI AITD	112/12 111 111001	<u> </u>		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees		5,529,549		4,443,187	4,399,918
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5.529.549	5.529.549	0	4.443.187	4.399.918

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______0 and number of persons

insured under indemnity only products0 .



ANNUAL	. STATEMENT F	OR THE YEAR	2010 OF THE	HealthSpring	Life & Health I	nsurance Company, In	C.
DIRECT BUSINESS	IN THE STATE OF	Kentucky				DURING THE YEAR	2010
NAIC Group Code	3477		LIFE IN	ISURANCE		NAIC Company Code	12902

	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	,	,			
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID		1			
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.					ļ	
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

		Ordinary		redit Life and Individual)		Group	Ir	ndustrial	Total		
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10	
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31, prior											
year 17. Incurred during current year			†		†		+				
Settled during current year:											
18.1 By payment in full											
18.2 By payment on compromised claims											
18.3 Totals paid			·								
18.4 Reduction by compromise			\								
18.5 Amount rejected				₽							
18.6 Total settlements19. Unpaid Dec. 31, current year (16+17-18.6)			V								
POLICY EXHIBIT					No. of Policies						
20. In force December 31, prior year				(a)							
21. Issued during year											
22. Other changes to in force (Net)											
23. In force December 31 of current year				(a)							

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSCHANCE													
		1	2	3	4	5							
				Dividends Paid Or									
			Direct Premiums	Credited On Direct		Direct Losses							
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24.	Group Policies (b)												
24.1	Federal Employees Health Benefits Program												
	premium (b)												
24.2	Credit (Group and Individual)												
24.3	Collectively renewable policies (b)												
24.4	Medicare Title XVIII exempt from state taxes or fees	11,278,777	11,278,777		8,478,893	8,396,323							
	Other Individual Policies:												
25.1	Non-cancelable (b)												
25.2	Guaranteed renewable (b)												
25.3	Non-renewable for stated reasons only (b)												
25.4	Other accident only												
25.5	All other (b)												
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0							
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,278,777	11,278,777	0	8,478,893	8,396,323							

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons

insured under indemnity only products ...0 .



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Health Spring Life & Health Insurance Company, Inc.

DIRE	CT BUSINESS IN THE STATE OF Louisiana				DURING THE	E YEAR 2010
NAIC	Group Code 3477		LIFE INSURANCE		NAIC Compa	ny Code 12902
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations		700			
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	nsurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annu	ities:					
7.1	Paid in cash or left on deposit					
7.2	Paid in cash or left on deposit			<u></u>		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					

Aggregate write-ins for miscellaneous direct claims and benefits paid.

All other benefits, except accident and health

15.

1301. 1302. 1303.

Totals

DETAILS OF WRITE-INS

1398. Summary of Line 13 from overflow page

· · · · · · · · · · · · · · · · · · ·			1 -		1		-		1		
	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial	Total		
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount	
16. Unpaid December 31, prior year		Amount	Certiis.	Amount	Certiis.	Amount	110.	Amount	NO.	Amount	
Incurred during current year Settled during current year: 18.1 By payment in full											
18.2 By payment on compromised claims											
18.4 Reduction by compromise					N						
18.6 Total settlements											
19. Unpaid Dec. 31, current year (16+17-18.6)			N								
POLICY EXHIBIT 20. In force December 31, prior year		_		(a)	No. of Policies						
21. Issued during year				()							
22. Other changes to in force (Net)											
23. In force December 31 of current year				(a)							

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSCHANCE													
		1	2	3	4	5							
				Dividends Paid Or									
			Direct Premiums	Credited On Direct		Direct Losses							
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24.	Group Policies (b)												
24.1	Federal Employees Health Benefits Program												
	premium (b)												
24.2	Credit (Group and Individual)												
24.3	Collectively renewable policies (b)												
24.4	Medicare Title XVIII exempt from state taxes or fees	17,880,385	17,880,385		15,323,345	15, 174, 121							
	Other Individual Policies:												
25.1	Non-cancelable (b)												
25.2	Guaranteed renewable (b)												
25.3	Non-renewable for stated reasons only (b)												
25.4	Other accident only												
25.5	All other (b)												
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0							
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,880,385	17,880,385	0	15,323,345	15, 174, 121							



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Health Spring Life & Health Insurance Company, Inc. DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2010

2. <i>f</i> 3. [DIRECT PI AND ANNUITY CO Life insurance	NSIDERA		Orr		2 Credit Life (G	roun		3	4		5
2. <i>f</i> 3. [AND ANNUITY CO	NSIDERA		Orc								
2. <i>f</i> 3. [dinary	and Individu		Gr	oup	Industria	I	Total
3. [Annuity considerations											
4. (Deposit-type contract funds					XXX				XXX		
	Other considerations											
5. 1	Totals (Sum of Lines 1 to 4)											
	DIRECT DIVIDENDS T	O POLICY	HOLDERS									
	urance:	_14										
	Paid in cash or left on depo											
	Applied to pay renewal prer											
.3 <i>F</i>	Applied to provide paid-up a endowment or premiun											
6.4	Other											
	Totals (Sum of Lines 6.1 to											
nuitie	·	,	_	_			_		_			
'.1 F	Paid in cash or left on depo	sit										
	Applied to provide paid-up			.								
7.3 (Other											
'.4 1	Totals (Sum of Lines 7.1 to	7.3)				<u> </u>						
3. (Grand Totals (Lines 6.5 plu	s 7.4)						_				
	DIRECT CLAIMS AN	ID BENEF	ITS PAID									
9. [Death benefits											
0. N	Matured endowments											
1. <i>F</i>	Annuity benefits											
2. 8	Surrender values and withd	rawals for	life contracts									
	Aggregate write-ins for mise											
	and benefits paid											
	All other benefits, except ac Totals	ciueni ano	i nealin									
	DETAILS OF WRITE-INS											
ທາ ເດວ												
ບ <u>∠</u>												
	Summary of Line 13 from o											
	Totals (Lines 1301 thru 130		•									
	above)	- p	o, (=o									
	†				Credit Life				1			
		С	Ordinary		p and Individual)		Group			Industrial		Total
	DIRECT DEATH	1	2	3	4	5		6	7	8	9	10
	BENEFITS AND			No. of								
	MATURED ENDOWMENTS			Ind.Pols & Gr.	•	No. of						
	INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Am	nount	No.	Amount	No.	Amou
i. Un	paid December 31, prior	110.	7 iiii Gaire	Oortiio.	Zunount	Octulo.	,	iount .	140.	7 tilloditi	140.	711100
ye	ear						ļ		ļ			
	urred during current year											
	ttled during current year:											
-	payment in full											
	payment on				1							
	mpromised claims				+		†		t			t
	tals paid			\			I					+
	duction by compromise			7	· · · · · · · · · · · · · · · · · · ·	/+ 			+			-
	nount rejectedtal settlements				·+ =		j 	£	<u>+</u>	 	ļ	†
	paid Dec. 31, current				1		Y		T-			t
	paid Dec. 31, current ear (16+17-18.6)			V		7 📕 📑	V					
ye	, (1011 <i>1</i> 10.0)					No. of						
	POLICY EXHIBIT				1	Policies						
). In f	force December 31, prior					. 0110103	1					
ye	ear				(a)		_					
. Iss	ued during year						_		ļ			
	ner changes to in force				1							
2. Oth	let)				-							
2. Oth (N				1			ĺ					1
2. Oth (N 3. In f	orce December 31 of				(a)		l l					
t. Oth (N I. In f	force December 31 of urrent year	SIIranco pr	ior vear ¢		(a)	ent vear ¢	<u> </u>					
. Oth (N . In for cu	orce December 31 of	•	•		, curr		<u></u>			Lurrent year \$		

	-	1	0		1 4	F
		ļ	2	Dividende Deid Or	4	5
			D: . D .	Dividends Paid Or		D:
		D: 1 D :	Direct Premiums	Credited On Direct	D: D	Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	216,241	216,241		138,613	137,260
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	216 241	216 241	1 0	138 613	137 263

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______0 and number of persons



					4 3 0 2 1 0	
ANNUAL	STATEMENT FOR THE YEAR	AR 2010 OF THE Healt	hSpring Life 8	Health Insur	ance Company, Ind	C.
DIRECT BUSINESS I	N THE STATE OF Maryland				DURING THE YEAR	2010
NAIC Group Code	3477	LIFE INSURA	ANCE		NAIC Company Code	12902

INAIO	Group Gode 3477		LII E INOCHANOI		NAIC Company Code 12302					
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total				
1.	Life insurance			Group	industrial	I Olai				
2.	Annuity considerations									
3.	•		XXX		VVV					
4	Other considerations									
5.	Totals (Sum of Lines 1 to 4)									
	DIRECT DIVIDENDS TO POLICYHOLDERS									
Life in	surance:									
	Paid in cash or left on deposit									
	Applied to pay renewal premiums									
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period									
	Other									
	Totals (Sum of Lines 6.1 to 6.4)									
Annui										
7.1	Paid in cash or left on deposit									
7.2	Applied to provide paid-up annuities									
7.3	Other			····						
7.4	Totals (Sum of Lines 7.1 to 7.3)									
8.	Grand Totals (Lines 6.5 plus 7.4)									
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits									
10.	Matured endowments									
11.	,									
12.	Surrender values and withdrawals for life contracts									
14.	All other benefits, except accident and health									
15.	Totals									
	DETAILS OF WRITE-INS									
1301.										
1302.										
1303.										
1398.	Summary of Line 13 from overflow page									
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)									

	(Ordinary	_	redit Life and Individual)		Group	Ir	ndustrial	Total		
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10	
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
Unpaid December 31, prior year									-		
18.2 By payment on compromised claims											
18.4 Reduction by compromise 18.5 Amount rejected					N				-		
18.6 Total settlements											
19. Unpaid Dec. 31, current year (16+17-18.6)											
POLICY EXHIBIT 20. In force December 31, prior year		_		(a)	No. of Policies						
21. Issued during year				·/							
22. Other changes to in force (Net)											
23. In force December 31 of current year				(a)							

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE													
		1	2	3	4	5							
				Dividends Paid Or									
			Direct Premiums	Credited On Direct		Direct Losses							
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24.	Group Policies (b)												
24.1	Federal Employees Health Benefits Program												
	premium (b)												
24.2	Credit (Group and Individual)												
24.3	Collectively renewable policies (b)												
24.4	Medicare Title XVIII exempt from state taxes or fees	8, 174, 392	8, 174, 392		6,483,327	6,420,190							
	Other Individual Policies:	, ,	, ,		, ,	, ,							
25.1	Non-cancelable (b)												
25.2	Guaranteed renewable (b)												
25.3	Non-renewable for stated reasons only (b)												
25.4	Other accident only												
25.5	All other (b)												
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0							
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8, 174, 392	8, 174, 392	0	6,483,327	6,420,190							

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons

insured under indemnity only products0 .



														2			
ANNUAL STATEMENT FOR THE YEAR 2010 OF THE	Hea	lthS	Spri	ng	Life	&	Hea	alth I	Insı	urar	ice (Com	npai	ny, I	nc.		
DIRECT BUSINESS IN THE STATE OF Massachusetts										D	URIN	IG T	HE \	YEAF	2	010	

NAIC	Group Code 3477		LIFE INSURANCE		NAIC Compa	any Code 12902
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	,
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID			-		
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.						
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

						l .				
	(Ordinary		redit Life and Individual)		Group	lı	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7	8	9	10
Unpaid December 31, prior year Incurred during current year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Settled during current year: 18.1 By payment in full									-	
18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements									-	
19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT			V	V	No. of Policies	V L				
In force December 31, prior year Issued during year Other changes to in force				a)						
(Net)				a)					-	

ACCIDENT AND HEALTH INSURANCE

	F	CCIDENT AND	HEALTH INSUI	IANCL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	17,502,723	17,502,723		14,084,214	13,947,057
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,502,723	17,502,723	0	14,084,214	13,947,057

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons

insured under indemnity only products $\dot{}$ 0 .



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HealthSpring Life & Health Insurance Company, Inc.

DIRE	CT BUSINESS IN THE STATE OF Michigan		'	Ü	DURING TH	E YEAR 2010
NAIC	Group Code 3477	L	IFE INSURANCE	<u> </u>	NAIC Compa	any Code 12902
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life ir	nsurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					

15.

1301. 1302. 1303. Totals

DETAILS OF WRITE-INS

1398. Summary of Line 13 from overflow page

		Ordinary	Credit Life (Group and Individual)			Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7	8	9	10
16. Unpaid December 31, prior year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
*										
8.2 By payment on compromised claims										
8.4 Reduction by compromise										
8.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year		–		(a)	No. of Policies					
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

	ACCIDEITI AITD	IILALIII IIIOOI			
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)	-				
24.3 Collectively renewable policies (b)	-				
24.4 Medicare Title XVIII exempt from state taxes or fees	26,563,721	26,563,721		22,421,219	22,202,874
Other Individual Policies:		, ,		, ,	, ,
25.1 Non-cancelable (b)	-				
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	-				
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	. [0	0	0	0	C
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	26.563.721	26.563.721	0	22,421,219	22.202.874



ANNUAL	STATEMENT FOR THE	YEAR 2010 OF THE		Insurance Comp		
DIRECT BUSINESS	N THE STATE OF Minnesota			DURING THE	YEAR	2010
NAIC Group Code	3477	LIFE IN	ISURANCE	NAIC Compar	ny Code	12902

				TW tio Compa	,
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	Ordinary	and Individual)	Group	Industrial	Total
Annuity considerations					
		XXX		XXX	
Other considerations					
Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
nsurance:					
Paid in cash or left on deposit					
Applied to pay renewal premiums					
endowment or premium-paying period					
Other					
Paid in cash or left on deposit					
Applied to provide paid-up annuities			<u></u>		
Matured endowments					
Annuity benefits					
Surrender values and withdrawals for life contracts					
and benefits paid					
All other benefits, except accident and health					
DETAILS OF WRITE-INS					
·					
·					
Commence of Line 40 from a confloring					
	AND ANNUITY CONSIDERATIONS Life insurance Annuity considerations Deposit-type contract funds Other considerations Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Insurance: Paid in cash or left on deposit Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4) Ities: Paid in cash or left on deposit Applied to provide paid-up annuities Other Totals (Sum of Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals DETAILS OF WRITE-INS Summary of Line 13 from overflow page Totals (Lines 1301 thru 1303 plus 1398) (Line 13	AND ANNUITY CONSIDERATIONS Life insurance Annuity considerations Deposit-type contract funds Other considerations Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Insurance: Paid in cash or left on deposit Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4) Ities: Paid in cash or left on deposit Applied to provide paid-up annuities Other Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals DETAILS OF WRITE-INS Summary of Line 13 from overflow page Totals (Lines 1301 thru 1303 plus 1398) (Line 13	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS Life insurance Annuity considerations Deposit-type contract funds Ofther considerations Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Issurance: Paid in cash or left on deposit Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4) ities: Paid in cash or left on deposit Applied to provide paid-up annuities Other Totals (Sum of Lines 6.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals DETAILS OF WRITE-INS Summary of Line 13 from overflow page Totals (Lines 1301 thru 1303 plus 1398) (Line 13	DIRECT PREMIUMS AND ANNUTY CONSIDERATIONS Life insurance Annuity considerations Deposit-type contract funds Other considerations Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Insurance: Paid in cash or left on deposit Applied to pay renewal premiums Applied to pay renewal premiums Applied to pay renewal premium-paying period Other Totals (Sum of Lines 6.1 to 6.4) ities: Paid in cash or left on deposit Applied to provide paid-up andulties Other Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals DETAILS OF WRITE-INS Summary of Line 13 from overflow page Totals (Lines 1301 thru 1303 plus 1398) (Line 13	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS Ordinary Credit Life (Group and Individual) Life insurance Annuity considerations Deposit-type contract funds Other considerations Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Insurance: Paid in cash or left on deposit Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4) Itties: Paid in cash or left on deposit Applied to provide paid-up annuities Other Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals DETAILS OF WRITE-INS

						l .				
	(Ordinary		redit Life and Individual)		Group	lı	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7	8	9	10
Unpaid December 31, prior year Incurred during current year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Settled during current year: 18.1 By payment in full									-	
18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements									-	
19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT			V	V	No. of Policies	V L				
In force December 31, prior year Issued during year Other changes to in force				a)						
(Net)				a)					-	

 current year
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ACCIDENT AND HEALTH INSURANCE

	•	TOOIDEITI AITD	IILALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	7,472,179	7,472,179		7,114,006	7,044,727
	Other Individual Policies:	, ,			, ,	, ,
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7.472.179	7.472.179	0	7.114.006	7.044.727



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Health Spring Life & Health Insurance Company, Inc.

DIRE	CT BUSINESS IN THE	STATE C	F Mississippi							DURI	NG THE Y	YEAR 2010
NAIC	Group Code 3477				LIF	E INSUR	ANCE			NAIC	Company	Code 12902
	DIRECT F	PREMIUMS			1 inary	2 Credit Life (Cand Individ		Gro		4 Industria		5 Total
1.	Life insurance											
2.	Annuity considerations											
3.	Deposit-type contract fund	ds				XXX.				XXX		
4.	Other considerations											
5.	Totals (Sum of Lines 1 to	4)										
	DIRECT DIVIDENDS	TO POLIC	YHOLDERS									
Life in	surance:											
	Paid in cash or left on dep											
	Applied to pay renewal pre											
	Applied to provide paid-up endowment or premiu	ım-paying p	period									
	Other											
	Totals (Sum of Lines 6.1 t	o 6.4)										
Annu												
	Paid in cash or left on dep			\								
	Applied to provide paid-up			\								
7.3	Other						\					
7.4	Totals (Sum of Lines 7.1 t	,				<i></i>						
8.	Grand Totals (Lines 6.5 pl											
	DIRECT CLAIMS A		-									
9.	Death benefits											
10.	Matured endowments											
12.	Annuity benefits Surrender values and with											
	Aggregate write-ins for mi											
	and benefits paid											
	All other benefits, except a	accident an	id nealth									
15.	Totals DETAILS OF WRITE-INS											
1001												
1301												
1302												
1303	Summary of Line 13 from	overflow ne										
	Totals (Lines 1301 thru 13											
1399	above)	ous plus 13:	96) (LINE 13									
				(Credit Life							
			Ordinary		and Individua	al)	Group			ndustrial		Total
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	Amo		7 No.	8 Amount	9 No.	10 Amount
40.1		110.	/ intount	0011110.	711100111	0011110.	, 4110	J G / 11		7 1110 0111	140.	711100111

				Credit Life			l			
		Ordinary		and Individual)	L	Group	<u> </u>	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year										
Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year				(a)	No. of Policies					
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of				(2)						

current year (a) Includes Individual Credit Life Insurance prior year \$..., current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

_	ACCIDENT AND	TIEAETTI INOOT	<u> </u>		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	18,784,199	18,784,199		14,226,517	14,087,974
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18.784.199	18.784.199	0	14.226.517	14.087.974

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons

insured under indemnity only products ...0 .



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Health Spring Life & Health Insurance Company, Inc.

	ANNUAL STATEMENT FOR THE	1 EAR 2010 C	и тне неашэрш	ig Life & Health	•	•	
	CT BUSINESS IN THE STATE OF Missouri					E YEAR 2010	
NAIC	Group Code 3477		LIFE INSURANCE		NAIC Company Code 12902		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
1.	Life insurance					1-1-1	
2.	Annuity considerations						
3.	Deposit-type contract funds		XXX		XXX		
4.	Other considerations						
5.	Totals (Sum of Lines 1 to 4)						
	DIRECT DIVIDENDS TO POLICYHOLDERS						
Life in	nsurance:						
6.1	Paid in cash or left on deposit						
	Applied to pay renewal premiums						
	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4	Other						
	Totals (Sum of Lines 6.1 to 6.4)						
Annu							
7.1	Paid in cash or left on deposit						
7.2	Applied to provide paid-up annuities						
7.3	Other						
8.	Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4)						
0.	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits						
10.	Matured endowments						
	Annuity benefits						
12.							
	Aggregate write-ins for miscellaneous direct claims and benefits paid						
14.	All other benefits, except accident and health						
15.	Totals						
	DETAILS OF WRITE-INS						
1301	·						
1302	•						
1 1202		i e					

1399. Totals (Lines 1301 thru 130	-	-								
above)									<u> </u>	
	(Ordinary	Credit Life (Group and Individual)		Group		Industrial			Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid		_								
18.4 Reduction by compromise			\		- 					
18.5 Amount rejected							<u></u>			
18.6 Total settlements						····				
19. Unpaid Dec. 31, current year (16+17-18.6)						lacksquare				
POLICY EXHIBIT		-			No. of Policies					
20. In force December 31, prior				(0)	Policies					
year21. Issued during year				(a)	†		·			
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT	VND DEV		
ACCIDENT	AND DEA	LIDINSU	INAINGE

<u>, </u>	COIDEITI AITD		<u>.</u>		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)				ļ ļ	
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	10,471,313	10,471,313		9,212,719	9,123,003
Other Individual Policies:	, ,	, ,		, ,	
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10.471.313	10.471.313	0	9.212.719	9.123.003

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______0 and number of persons

insured under indemnity only products0 .

1398. Summary of Line 13 from overflow page



		1 1881 81 118 18 118 11 1 2	9 0 2 2 0	1 0 4 3 0 2	11 2 1 22 1 22 1 22 1 2 7 0 0 0
ANNUAL STATEMENT FOR THE	YEAR 2010 OF	THE HealthSpri	ng Life & Health	Insurance Comp	oany, Inc.
DIRECT BUSINESS IN THE STATE OF Montana				DURING TH	E YEAR 2010
NAIC Group Code 3477	L	IFE INSURANCE	=	NAIC Compa	any Code 12902
	1	2	3	4	5
DIRECT PREMILINS		Credit Life (Group			

		1	2	3	4	5
	DIRECT PREMIUMS	Oudin and	Credit Life (Group	0	la di catalal	T-4-1
1	AND ANNUITY CONSIDERATIONS Life insurance	Ordinary	and Individual)	Group	Industrial	Total
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4	Other considerations					-
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
	Applied to provide paid-up annuities					
7.3	Other					
	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
	Annuity benefits Surrender values and withdrawals for life contracts					
	Aggregate write-ins for miscellaneous direct claims					
13.	and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	(Ordinary		Credit Life (Group and Individual)		Group		ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year									-	
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected					N				-	
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year		_		(a)	No. of Policies					
21. Issued during year				·/						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT AND HEALTH INCOMANCE										
		1	2	3	4	5					
				Dividends Paid Or							
			Direct Premiums	Credited On Direct		Direct Losses					
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24.	Group Policies (b)										
24.1	Federal Employees Health Benefits Program										
	premium (b)										
24.2	Credit (Group and Individual)										
24.3	Collectively renewable policies (b)										
24.4	Medicare Title XVIII exempt from state taxes or fees	1,756,064	1,756,064		1,401,203	1,387,557					
	Other Individual Policies:										
25.1	Non-cancelable (b)										
25.2	Guaranteed renewable (b)										
25.3	Non-renewable for stated reasons only (b)										
25.4	Other accident only										
25.5	All other (b)										
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,756,064	1,756,064	0	1,401,203	1,387,557					



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Health Spring Life & Health Insurance Company, Inc.

DIRE	CT BUSINESS IN THE STATE OF Nebraska		·	•	DURING TH	E YEAR 2010
NAIC	Group Code 3477		LIFE INSURANCE		NAIC Compa	any Code 12902
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance		, and the second			
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	nsurance:					
6.1	Paid in cash or left on deposit					
	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4						
	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities	\				
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.						
	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
1301	DETAILS OF WRITE-INS					
1302						
1303						
1398	Summary of Line 13 from overflow page					

		Ordinary		Credit Life (Group and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year			†		†		+			
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid			·							
18.4 Reduction by compromise			\							
18.5 Amount rejected				₽						
18.6 Total settlements19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13

above)

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT AND	IILALIII IIIOOI			
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fe	es 3,484,730	3,484,730		3,553,990	3,519,380
Other Individual Policies:	, ,	, ,		, ,	, ,
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.		3.484.730	0	3.553.990	3.519.380



ANNUAL	STATEMENT FOR THE YEAR 2010			nsurance Comp		
DIRECT BUSINESS I	N THE STATE OF Nevada			DURING TH	E YEAR	2010
NAIC Group Code	3477	LIFE INSURAN	NCE	NAIC Compa	any Code	12902

)
		1	2	3	4	5
	DIRECT PREMIUMS	0	Credit Life (Group	0	la di catala l	T-4-1
1.	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	surance:					
	Paid in cash or left on deposit					
	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annu	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims					
	and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		,		*		*				
	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind.Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year									-	
Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise									-	
18.5 Amount rejected				8						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				a)						
21. Issued during year					ļ					
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

current year			(a)				
(a) Includes Individual Cred	dit Life Insurance p	rior year \$, current year \$	 		
Includes Group Credit L	ife Insurance Loar	ns less than or equ	ual to 60 months at	issue, prior year \$, Cl	urrent year \$	
Loans greater than 60 r	nonths at issue BL	JT NOT GREATE	R THAN 120 MON	THS, prior year \$	 Cl	urrent year \$	

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		_	Dividends Paid Or		ŭ
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	5,512,515	5,512,515		4,449,341	4,406,012
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		0	0	0	(
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		5 512 515	0	4 449 341	4 406 012



ANNUAL	. STATEMENT	FOR THE YEAR 2	2010 OF THE	HealthSpring Life	e & Health	Insurance Company, Inc	٥.
DIRECT BUSINESS	IN THE STATE OF	New Hampshire				DURING THE YEAR	2010
NAIC Group Code	3477		LIFE IN	ISURANCE		NAIC Company Code	129

NAIC	Group Code 3477		LIFE INSURANCE	E	NAIC Compa	ny Code 12902
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance		,			
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX			
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	nsurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities			····		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.	·					
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

		,		*		*	4			
	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind.Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year									-	
Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise									-	
18.5 Amount rejected				8						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				a)						
21. Issued during year					ļ					
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

current year			(a)				
(a) Includes Individual Credit I	ife Insurance p	rior year \$, current year \$	 		
Includes Group Credit Life	Insurance Loa	ns less than or equ	ual to 60 months at is	ssue, prior year \$, Cl	urrent year \$.	
Loans greater than 60 mor	nths at issue Bl	JT NOT GREATE	R THAN 120 MONTI	HS, prior year \$	 Cl	urrent year \$.	

ACCIDENT AND HEALTH INSURANCE

		CODEII AID				
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Gro	oup Policies (b)					
	deral Employees Health Benefits Program					
	remium (b)					
24.2 Cre	edit (Group and Individual)					
24.3 Col	llectively renewable policies (b)					
24.4 Med	edicare Title XVIII exempt from state taxes or fees	510,928	510,928		439,709	435,427
Oth	her Individual Policies:					
25.1 Nor	n-cancelable (b)					
25.2 Gua	uaranteed renewable (b)					
25.3 Nor	on-renewable for stated reasons only (b)					
25.4 Oth	her accident only					
	other (b)					
25.6 Tot	tals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Tot	tals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	510.928	510.928	0	439.709	435.427



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Health Spring Life & Health Insurance Company, Inc.

DIKE	CT BUSINESS IN THE STATE OF New Jersey	y			DURING TH	EYEAR 2010
NAIC	Group Code 3477	L	LIFE INSURANCE		NAIC Compa	any Code 12902
		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	nsurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annu	ities:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					

1399. Totals (Lines 1301 thru 130 above)	03 plus 139	98) (Line 13								
	C	Ordinary		Credit Life and Individual)		Group	lr	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED 16. Unpaid December 31, prior year		Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Settled during current year: 18.1 By payment in full					-					
compromised claims		.							-	
8.4 Reduction by compromise 8.5 Amount rejected		· · · · · · · · · · · · · · · · · · ·								
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT 20. In force December 31, prior year				(a)	No. of Policies					
Issued during year Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

current year (a) (a) (a) Includes Individual Credit Life Insurance prior year \$, current year \$, current year \$,
ACCIDENT AND HEALTH INSURANCE

	-	CODENI AND	IILALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	1,679,493	1,679,493		1,386,621	1,373,117
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,679,493	1,679,493	0	1,386,621	1,373,117

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons

insured under indemnity only products0 .

15.

1301. 1302. 1303.

Totals

DETAILS OF WRITE-INS

1398. Summary of Line 13 from overflow page



NAIC Company Code 12902

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Health Spring Life & Health Insurance Company, Inc. DURING THE YEAR 2010

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF New Mexico

24.4 Medicare Title XVIII exempt from state taxes or fees

25.3 Non-renewable for stated reasons only (b) ...

Other Individual Policies:

25.1 Non-cancelable (b) . 25.2 Guaranteed renewable (b) ...

25.4 Other accident only ... 25.5 All other (b) ...

NAIC Group Code 3477

	PREMIUMS CONSIDERATIONS	Ordin	arv	Credit Life (Group and Individual)	Gro	nun	Industrial		Total
Life insurance		Ordin	iai y	and marvidual)	are	лир	industrial		rotai
2. Annuity considerations									
Deposit-type contract fund	s			XXX			XXX		
5. Totals (Sum of Lines 1 to	,								
	TO POLICYHOLDERS								
Life insurance: 6.1 Paid in cash or left on dep	ocit								
6.2 Applied to pay renewal pre									
6.3 Applied to provide paid-up									
	m-paying period								
6.4 Other									
6.5 Totals (Sum of Lines 6.1 to	0 6.4)								
Annuities: 7.1 Paid in cash or left on dep	osit								
7.2 Applied to provide paid-up	annuities	\							
7.3 Other									
7.4 Totals (Sum of Lines 7.1 to									
8. Grand Totals (Lines 6.5 pl	us 7.4)	1							
	ND BENEFITS PAID			<u>—</u> ———————————————————————————————————		_			
9. Death benefits							-		
11. Annuity benefits12. Surrender values and with		<u> </u>					 		
Surrender values and with Aggregate write-ins for mis							 		
and benefits paid							<u> </u>		
14. All other benefits, except a									
15. Totals									
DETAILS OF WRITE-INS									
1301.							 		
1302. 1303.									
1398. Summary of Line 13 from	overflow page								
1399. Totals (Lines 1301 thru 13									
above)	. , ,								
<u></u>		С	redit Life					l	
	Ordinary		and Individu				dustrial		Total
DIRECT DEATH	Ordinary 2	3	and Individu 4	ual) Gro	oup 6	7 In	dustrial 8	9	Total 10
DIRECT DEATH BENEFITS AND MATURED			and Individu 4					9	
BENEFITS AND MATURED ENDOWMENTS	1 2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED		3 No. of Ind.Pols.	and Individu 4 Amoun	5 No. of				9 No.	
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior	1 2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED	1 2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1 2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1 2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1 2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims	1 2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1 2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1 2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1 2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1 2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1 2	3 No. of Ind.Pols. & Gr.	4	No. of Certifs.	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1 2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1 2	3 No. of Ind.Pols. & Gr. Certifs.	4 Amoun	No. of Certifs.	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1 2	3 No. of Ind.Pols. & Gr. Certifs.	4	No. of Certifs.	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1 2	3 No. of Ind.Pols. & Gr. Certifs.	4 Amoun	No. of Certifs.	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net)	1 2	3 No. of Ind.Pols. & Gr. Certifs.	4 Amoun	No. of Certifs.	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1 2	3 No. of Ind.Pols. & Gr. Certifs.	Amoun	No. of Certifs.	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No. Amount	3 No. of Ind.Pols. & Gr. Certifs.	a)	No. of Certifs. No. of Policies	6	7	8		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No. Amount No. Insurance prior year \$	3 No. of Ind.Pols. & Gr. Certifs.	a)a)	No. of Certifs. No. of Policies	Amount	No.	8 Amount		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No. Amount No. Insurance prior year \$	3 No. of Ind.Pols. & Gr. Certifs.	a)	No. of Certifs. No. of Policies urrent year \$	Amount	No.	8 Amount		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No. Amount No. Amount Insurance prior year \$ Irance Loans less than or eat issue BUT NOT GREAT	No. of Ind.Pols. & Gr. Certifs.	a)	No. of Certifs. No. of Policies Policies No. of Policies Policies No. of Policies	6 Amount	No.	8 Amount		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No. Amount No. Amount Insurance prior year \$ Irance Loans less than or eat issue BUT NOT GREAT	No. of Ind.Pols. & Gr. Certifs.	a)	No. of Certifs. No. of Policies urrent year \$	Amount	No.	Amount Trent year \$		Amount
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No. Amount No. Amount Insurance prior year \$ Irance Loans less than or eat issue BUT NOT GREAT	No. of Ind.Pols. & Gr. Certifs.	a)	No. of Certifs. No. of Policies Policies No. of Policies Policies No. of Policies	Amount	7 No.	8 Amount		10
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No. Amount No. Amount Insurance prior year \$ Irance Loans less than or eat issue BUT NOT GREAT	3 No. of Ind.Pols. & Gr. Certifs.	a)	No. of Certifs. No. of Policies urrent year \$	JRANCE Dividende	No.	Amount Trent year \$		Amount 5
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No. Amount No. Amount Insurance prior year \$ Irance Loans less than or eat issue BUT NOT GREAT	3 No. of Ind.Pols. & Gr. Certifs.	a) a) onths at issu 0 MONTHS	No. of Certifs. No. of Policies Policies We, prior year \$	JRANCE Dividends Credited	7 No.	Amount Trent year \$	No.	Amount
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No. Amount No. Amount Insurance prior year \$ Insurance Loans less than or eat issue BUT NOT GREAT	No. of Ind.Pols. & Gr. Certifs. Qual to 60 mc ER THAN 12	a) a) onths at issu 0 MONTHS	No. of Certifs. No. of Policies Very prior year \$	JRANCE Dividends Credited	No. No. Service of the service of	Amount Trent year \$	No.	Amount Amount 5 Direct Losses
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No. Amount No. Amount Insurance prior year \$ Irance Loans less than or et at issue BUT NOT GREAT	No. of Ind.Pols. & Gr. Certifs. Qual to 60 mc ER THAN 12	a) a) onths at issu 0 MONTHS	No. of Certifs. No. of Policies Very prior year \$	JRANCE Dividends Credited	No. No. Service of the service of	Amount Trent year \$	No.	Amount Amount 5 Direct Losses
BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No. Amount No. Amount Insurance prior year \$ Irrance Loans less than or exert at issue BUT NOT GREAT	No. of Ind.Pols. & Gr. Certifs. Qual to 60 mc ER THAN 12	a) a) onths at issu 0 MONTHS	No. of Certifs. No. of Policies Very prior year \$	JRANCE Dividends Credited	No. No. Service of the service of	Amount Trent year \$	No.	Amount Amount 5 Direct Losses

25.6 Totals (sum of Lines 25.1 to 25.5) 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 202,972 202,972 0 115,615 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products 0

202,972

.202,972

.115,615

.114,489

114,489



ANNUAL STATEMENT FOR THE	YEAR 2010 OF THE Health Spring Life & Health	Insurance Company, Inc	
DIRECT BUSINESS IN THE STATE OF New York		DURING THE YEAR	2010
NAIC Group Code 3477	LIFE INSURANCE	NAIC Company Code	12902

	DIDECT DEEMILING	1	2	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance	Ordinary	and maividual)	Group	industrial	Total
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities			<u></u>		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1302.						
1303.						
	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial	Total			
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10		
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount		
Unpaid December 31, prior year Incurred during current year Settled during current year:												
18.1 By payment in full												
18.2 By payment on compromised claims	,											
18.4 Reduction by compromise 18.5 Amount rejected												
18.6 Total settlements												
19. Unpaid Dec. 31, current year (16+17-18.6)												
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies							
year21. Issued during year				(a)								
22. Other changes to in force (Net)												
23. In force December 31 of current year				a)								

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.., current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

	<i>-</i>	TOUIDEITI AITD	AL			
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	3,031,298	3,031,298		2,499,464	2,475,123
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3.031.298	3.031.298	0	2.499.464	2.475.123



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE	HealthSpring Life & Health Insurance Company, Inc.	
DIRECT BUSINESS IN THE STATE OF North Carolina	DURING THE YEAR 20:	1

LIFE INSURANCE

NAIC Group Code 3477			LIFE INSURANCE	NAIC Company Code 12902				
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total		
1.	Life insurance		,					
2.	Annuity considerations							
3.	Deposit-type contract funds		XXX					
4.	Other considerations							
5.	Totals (Sum of Lines 1 to 4)							
	DIRECT DIVIDENDS TO POLICYHOLDERS							
Life in	nsurance:							
6.1	Paid in cash or left on deposit							
6.2	Applied to pay renewal premiums							
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period							
	Other							
	Totals (Sum of Lines 6.1 to 6.4)							
Annui								
7.1	Paid in cash or left on deposit							
7.2	Applied to provide paid-up annuities			····				
7.3	Other							
7.4	Totals (Sum of Lines 7.1 to 7.3)							
8.	Grand Totals (Lines 6.5 plus 7.4)							
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits							
10.	Matured endowments							
11.	Annuity benefits							
12.	Surrender values and withdrawals for life contracts							
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid							
14.	All other benefits, except accident and health							
15.	Totals							
	DETAILS OF WRITE-INS							
1301.	·							
1302.								
1303.								
1398.	Summary of Line 13 from overflow page							
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13							

		,									
	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial	Total		
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind.Pols.	4	5	6	7	8	9	10	
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31, prior											
year 17. Incurred during current year									-		
Settled during current year: 18.1 By payment in full											
18.2 By payment on compromised claims											
18.4 Reduction by compromise									-		
18.5 Amount rejected				8							
19. Unpaid Dec. 31, current year (16+17-18.6)			V								
POLICY EXHIBIT					No. of Policies						
20. In force December 31, prior year				a)							
21. Issued during year					ļ						
22. Other changes to in force (Net)											
23. In force December 31 of current year				a)							

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	-	CODENI AND	IILALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	2,621,232	2,621,232		2, 122, 187	2,101,521
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,621,232	2,621,232	0	2, 122, 187	2,101,521

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______0 and number of persons ...0 .



									0 4							0
ANNUAL STATEMENT FOR THE YEAR 2010 OF THE	Health	Spri	ing	Life	8	Hea	alth	Ins	urar	nce	Con	npa	ny,	Inc		
DIRECT BUSINESS IN THE STATE OF North Dakota									D	URI	NG T	HE	YEA	R	2010	0

NAIC	Group Code 3477		LIFE INSURANCE	NAIC Company Code 12902				
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total		
1.	Life insurance	Ordinary	and individual)	Group	industrial	Ισιαι		
2.	Annuity considerations							
3.	Deposit-type contract funds				XXX			
4.	Other considerations							
5.	Totals (Sum of Lines 1 to 4)							
	DIRECT DIVIDENDS TO POLICYHOLDERS							
Life in	surance:							
6.1	Paid in cash or left on deposit							
6.2	Applied to pay renewal premiums							
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period							
6.4	Other							
	Totals (Sum of Lines 6.1 to 6.4)							
Annui								
7.1	Paid in cash or left on deposit							
7.2	Applied to provide paid-up annuities			····				
7.3	Other							
7.4	Totals (Sum of Lines 7.1 to 7.3)							
8.	Grand Totals (Lines 6.5 plus 7.4)							
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits							
10.	Matured endowments							
11.	Annuity benefits							
12.	Surrender values and withdrawals for life contracts							
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid							
14.	All other benefits, except accident and health							
15.	Totals							
	DETAILS OF WRITE-INS							
1301.								
1302.								
1303.								
1398.	0 (1) 10("							
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)							

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7	8	9	10
Unpaid December 31, prior year Incurred during current year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Settled during current year: 18.1 By payment in full									-	
18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements									-	
19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT			V	V	No. of Policies	V L				
In force December 31, prior year Issued during year Other changes to in force				a)						
(Net)				a)					-	

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCOMANCE										
		1	2	3	4	5				
				Dividends Paid Or						
			Direct Premiums	Credited On Direct		Direct Losses				
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred				
24.	Group Policies (b)									
24.1	Federal Employees Health Benefits Program									
	premium (b)									
24.2	Credit (Group and Individual)									
24.3	Collectively renewable policies (b)									
24.4	Medicare Title XVIII exempt from state taxes or fees	936,523	936,523		705,934	699,060				
	Other Individual Policies:	·								
25.1	Non-cancelable (b)									
25.2	Guaranteed renewable (b)									
25.3	Non-renewable for stated reasons only (b)									
25.4	Other accident only									
	All other (b)									
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	936.523	936.523	0	705.934	699.060				



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Health Spring Life & Health Insurance Company, Inc. DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2010

NAIC	Group Code 3477				LI	IFE II	NSUR	ANCE	=		NAIC	Company	Code 12902
	DIDECT	DDEMILIMO			1	Cros	2		;	3	4		5
	AND ANNUITY C	PREMIUMS CONSIDER		Ord	inary		dit Life (G d Individu		Gr	oup	Industria	ı	Total
1.													
2.	Annuity considerations												
3.	Deposit-type contract fund						XXX				XXX		
4. 5.	Other considerations Totals (Sum of Lines 1 to												
- 0.	DIRECT DIVIDENDS		YHOLDERS										
Life in	nsurance:												
6.1	Paid in cash or left on dep	osit											
	Applied to pay renewal pre												
6.3	Applied to provide paid-up endowment or premiu												
6.4	Other												
	Totals (Sum of Lines 6.1 to	0 6.4)											
Annui		a a it											
7.1 7.2	Paid in cash or left on dep Applied to provide paid-up			-		1	$\mathbf{\Lambda}$						
7.3	Other						1						
7.4	Totals (Sum of Lines 7.1 t												
8.	Grand Totals (Lines 6.5 pl							NI.					
_	DIRECT CLAIMS A						-	_				T	·
9.	Death benefits												
10. 11.	Matured endowments Annuity benefits												
12.	Surrender values and with												
	Aggregate write-ins for mis	scellaneous	s direct claims										
4.4	and benefits paid												
	All other benefits, except a Totals	accident and	u nealm										
13.	DETAILS OF WRITE-INS	<u> </u>											
1301.													
1302.													
1303.													
	Summary of Line 13 from		•										
1399.	Totals (Lines 1301 thru 13 above)	sus plus 13	96) (LINE 13										
	•	1		1 ,	Credit Life	i				1		İ	
		(Ordinary		and Individ	ual)		Group	0	ı	ndustrial		Total
	DIRECT DEATH	1	2	3	4		5		6	7	8	9	10
	BENEFITS AND MATURED			No. of Ind.Pols.									
	ENDOWMENTS			& Gr.			No. of						
10 1	INCURRED	No.	Amount	Certifs.	Amou	nt	Certifs.	Α	mount	No.	Amount	No.	Amount
	Jnpaid December 31, prior year												
	ncurred during current year												
	Settled during current year:												
	By payment in full												
	By payment on compromised claims												
18.3 T	otals paid	-					-			L			
	Reduction by compromise		-	\			· 1						
	Amount rejected				 			} 		_		ļ	
	otal settlements		-	1	T			/ -		-			
	year (16+17-18.6)			V				V					
							No. of						
20 1	POLICY EXHIBIT n force December 31, prior					-	Policies						
	year				(a)			ļ					
21. Is	ssued during year				ļ			<u> </u>					
	Other changes to in force												
	(Net)												
	current year (a)												
٠,,	a) Includes Individual Credit Life Insurance prior year \$, current year \$												
	Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$, current year \$, current year \$, current year \$												
LO	ano greater than 60 months	at issue Bl								, Cl	лген уеаг ф		
					NT AND	HEA		NSUF					
					1		2			3 Is Paid Or	4		5
						Dire	ect Premi	ums		On Direct			Direct Losses
				Direct P	remiums		Earned			iness	Direct Losses	Paid	Incurred
24.	Group Policies (b)			1		1			Ì		1		

	<u> </u>	CODEITI AITE	HEALIII INSUI	1711101		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	26,316,649	26,316,649		23,946,801	23,713,599
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	26,316,649	26,316,649	0	23,946,801	23,713,599



ANNUAL	STATEMENT F	OR THE YEAR 2010	OF THE	HealthSpring L	ife & Health Ins	surance Company, Inc	o
DIRECT BUSINESS	N THE STATE OF	Oklahoma				DURING THE YEAR	2010
NAIC Group Code	3477		LIFE IN	ISURANCE		NAIC Company Code	12902

		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group	_		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuit	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	(Ordinary	Credit Life (Group and Individual)			Group	lı	Industrial		Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7	8	9	10	
16. Unpaid December 31, prior year17. Incurred during current year Settled during current year:	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
18.1 By payment in full									-		
18.4 Reduction by compromise 18.5 Amount rejected					Λ				-		
18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)			V	U					-		
POLICY EXHIBIT 20. In force December 31, prior year		_	_	a)	No. of Policies						
Issued during year Other changes to in force (Net)											
23. In force December 31 of current year			(a)							

ACCIDENT AND HEALTH INSURANCE

•	ACCIDEITI AITD		IAIIOL		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees		11,652,581		9,231,629	9,141,728
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11.652.581	11.652.581	0	9.231.629	9.141.728



		1 2 9									0
ANNUAL STATEMENT FOR 1	THE YEAR 2010 OF THE Hea	thSpring	Life 8	k Healt	h Insı	uranc	e Co	mpan	y, Ind).	
DIRECT BUSINESS IN THE STATE OF Orego	on					DU	RING	THE Y	EAR	201	0
MAIC Group Code 2477	LIFE INCLE	ANCE				NIA	IC Can	nonv	Codo	10	ممر

V/IIO	aroup code 5477				NAIO Oompa	11y 0000 12302
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities	·		····		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

						l .					
	(Ordinary		redit Life and Individual)		Group	lı	Industrial		Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7	8	9	10	
Unpaid December 31, prior year Incurred during current year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
Settled during current year: 18.1 By payment in full									-		
18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements									-		
19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT			V	V	No. of Policies	V L					
In force December 31, prior year Issued during year Other changes to in force				a)							
(Net)				a)					-		

ACCIDENT AND HEALTH INSURANCE

	-	CODEIL AIL		IAIIOE		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	4,893,614	4,893,614		3,704,312	3,668,238
	Other Individual Policies:	, ,	, ,		, ,	, ,
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4.893.614	4.893.614	0	3.704.312	3.668.238

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______0 and number of persons



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE	Health Spring Life & Health Insurance Company, Inc.
DIRECT BUSINESS IN THE STATE OF Pennsylvania	DURING THE YEAR 2010

NAIC	Group Code 3477	LIFE INSURANCE	E	NAIC Company Code 12902		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3	4	5 Total
1	Life insurance	1	,	Group	Industrial	Total
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX			
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
<u> </u>	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

		,		*		*				
	(Ordinary	Credit Life (Group and Individual)			Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind.Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year									-	
Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise									-	
18.5 Amount rejected				8						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				a)						
21. Issued during year					ļ					
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

current year (a) (a) (a) Includes Individual Credit Life Insurance prior year \$, current year \$, current year \$, current year \$, current year \$, current year \$, current year \$,
ACCIDENT AND HEALTH INSURANCE

	•	CODEIL AIL		IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	1, 165, 622	1, 165, 622		1,009,980	1,000,145
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,165,622	1.165.622	0	1.009.980	1.000.145



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE			Heal								١
DIRECT BUSINESS IN THE STATE OF Rhode Island					DUR	ING	THE	YEAF	2	010	j

NAIC	Group Code 3477		LIFE INSURANCE		NAIC Compa	any Code 12902
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	,
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID			-		
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.						
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims	,									
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

 current year
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ACCIDENT AND HEALTH INSURANCE

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		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)						
24.1 Federal Employees Health	Benefits Program					
premium (b)						
24.2 Credit (Group and Individu	al)					
24.3 Collectively renewable pol	icies (b)					
24.4 Medicare Title XVIII exemp	ot from state taxes or fees	2,595,029	2,595,029		2,324,471	2,301,835
Other Individual Policies:						
25.1 Non-cancelable (b)						
25.2 Guaranteed renewable (b)						
25.3 Non-renewable for stated	reasons only (b)					
25.4 Other accident only						
25.5 All other (b)						
25.6 Totals (sum of Lines 25.1		0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 2	24.2 + 24.3 + 24.4 + 25.6)	2.595.029	2.595.029	0	2.324.471	2.301.835



	_	4
	1 2 9 0 2 2 0 1 0 4 3 0 4 1 0 0 0	
ANNUAL STATEMENT FOR THE YEAR 2010 OF THE	HealthSpring Life & Health Insurance Company, Inc.	
DIRECT BUSINESS IN THE STATE OF South Carolina	DURING THE YEAR 2010	

NAIC	Group Code 3477		LIFE INSURANCE		NAIC Compa	any Code 12902
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	Ordinary	and individual)	Group	industrial	Ισιαι
2.	Annuity considerations					
3.	Deposit-type contract funds				XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities			····		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	0 (1) 10((1)					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	Ordinary		Credit Life (Group and Individual)			Group	lr	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year									-	
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected					N				-	
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year		_		(a)	No. of Policies					
21. Issued during year				·/						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

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ACCIDENT AND HEALTH INSURANCE

	•	CODEIL AIL		IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	9,372,922	9,372,922		7,832,528	7,756,252
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9.372.922	9.372.922	0	7.832.528	7.756.252

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons



NAIC Company Code 12902

	1 2 9 0 2 2 0 1 0 4 3 0 4 2 0 0	0
ANNUAL STATEMENT FOR THE YEAR 2010 OF THE	E HealthSpring Life & Health Insurance Company, Inc.	
DIRECT BUSINESS IN THE STATE OF South Dakota	DURING THE YEAR 2010	J

NAIC Group Code

LIFE INSURANCE

*/ 110	Group Gode GHTT				1 W tile Compa	119 0000 12002
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX	-	XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	nsurance:					
6.1	•					
	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1	Paid in cash or left on deposit					
7.2				<u></u>		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
10.	Matured endowments					
11.						
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
	Totals					
	DETAILS OF WRITE-INS					
1301						
1302						
1303						
1398	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13			<u> </u>		
	above)					

	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims	,									
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

ACCIDENT AND HEALTH INSURANCE

	-	CODEIL AIL		IAIIOE		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	1,416,487	1,416,487		1,114,317	1,103,465
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,416,487	1.416.487	0	1, 114, 317	1, 103, 465

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons



ANNUAL	STATEMENT FOR	THE YEAR 2010 OF THE		rance Company, Inc	
DIRECT BUSINESS	N THE STATE OF Tenne	essee		DURING THE YEAR	2010
NAIC Group Code	3477	LIFE IN	NSURANCE	NAIC Company Code	12902

INAIC	Group Code 3477			_	NAIC Compa	illy Code 12902
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance			Group	industrial	Total
2.	Annuity considerations					
3.	Deposit-type contract funds				VVV	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
٠.	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life ir	nsurance:					
6.1	Details and an left on demants					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1	Paid in cash or left on deposit					
	Applied to provide paid-up annuities	\		····		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
	Summary of Line 13 from overflow page					
1399.	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

						l .				
	(Ordinary		redit Life and Individual)		Group	lı	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7	8	9	10
Unpaid December 31, prior year Incurred during current year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Settled during current year: 18.1 By payment in full									-	
18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements									-	
19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT			V	V	No. of Policies	V L				
In force December 31, prior year Issued during year Other changes to in force				a)						
(Net)				a)					-	

ACCIDENT AND HEALTH INSURANCE

	•	CODEII AID	IILALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	35,261,959	35,261,959	0	30,578,795	30,281,008
	Other Individual Policies:	, ,	, ,		, ,	, ,
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35.261.959	35.261.959	0	30.578.795	30.281.008

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______0 and number of persons



NAIC Gro			F Texas						DURIN	NG INE II	EAR 2010
1. Life	oup Code 3477				LIFE I	NSURA	NCE		NAIC (Company	Code 12902
1. Life						2		3	4		5
1. Life		REMIUMS		Ordi		edit Life (Gr		Craun	la di satrial		Total
1	AND ANNUITY C			Orai	nary ar	nd Individua	11)	Group	Industrial		Total
2. Anı	nuity considerations										
	posit-type contract fund					XXX			XXX		
	ner considerations										
	tals (Sum of Lines 1 to 4										
0	DIRECT DIVIDENDS		YHOLDERS								
Life insura											
6.1 Pai	id in cash or left on depo	osit									
6.2 App	plied to pay renewal pre	miums									
	plied to provide paid-up endowment or premiu	additions of	or shorten the								
6.4 Oth	ner										
6.5 Tot	tals (Sum of Lines 6.1 to	6.4)									
Annuities:											
	id in cash or left on depo			\							
	plied to provide paid-up			\				<u> </u>			
	ner										
	tals (Sum of Lines 7.1 to	,					\				
8. Gra	and Totals (Lines 6.5 plu										
	DIRECT CLAIMS A										
	ath benefits										
	tured endowments										
	nuity benefits										
	rrender values and with										
	gregate write-ins for mis										
	other benefits, except a										
15. Tot											
	TAILS OF WRITE-INS										
DE											
DE											
1301. 1302.											
1301. 1302. 1303.											
1301 1302 1303 1398. Sui		overflow pa	age								
1301	mmary of Line 13 from (overflow pa	age								
1301	mmary of Line 13 from o	overflow pa	age								
1301	mmary of Line 13 from o	overflow pa 03 plus 139	age				Group		ndustrial		Total
1301	mmary of Line 13 from otals (Lines 1301 thru 1300ve)	overflow pa 03 plus 139	age	(Group	Credit Life	5	Group 6	7	ndustrial 8	9	Total 10
1301	mmary of Line 13 from otals (Lines 1301 thru 1300ve) DIRECT DEATH BENEFITS AND	overflow pa 03 plus 139	age98) (Line 13	(Group 3 No. of	Credit Life	5				9	
1301	mmary of Line 13 from of tals (Lines 1301 thru 1300000) DIRECT DEATH BENEFITS AND MATURED	overflow pa 03 plus 139	age98) (Line 13	(Group 3 No. of Ind.Pols.	Credit Life					9	
1301	mmary of Line 13 from otals (Lines 1301 thru 1300ve) DIRECT DEATH BENEFITS AND	overflow pa 03 plus 139 (0	age	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual)	No. of	6	7	8		10
1301	mmary of Line 13 from (tals (Lines 1301 thru 13) bove) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	overflow pa 03 plus 139	age98) (Line 13	(Group 3 No. of Ind.Pols.	Credit Life					9 No.	
1301	mmary of Line 13 from of tals (Lines 1301 thru 13000ve) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED id December 31, prior	overflow pa 03 plus 139 (0	age	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual)	No. of	6	7	8		10
1301	mmary of Line 13 from of tals (Lines 1301 thru 13000ve) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED id December 31, prior	overflow pa 03 plus 139 (0	age	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual)	No. of	6	7	8		10
16. Unpa year 17. Incurr Settle	mmary of Line 13 from of tals (Lines 1301 thru 13000e) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED id December 31, prior and during current years and during current years	overflow pa 03 plus 139 (0	age	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual)	No. of	6	7	8		10
16. Unpa year 17. Incurr Settle 18.1 By pa	mmary of Line 13 from of tals (Lines 1301 thru 13000e) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED id December 31, prior red during current year and during current year: syment in full	overflow pa 03 plus 139 (0	age	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual)	No. of	6	7	8		10
16. Unpa year 17. Incurr Settle 18.1 By pa 18.2 By pa 18.2 By pa	mmary of Line 13 from of tals (Lines 1301 thru 130000) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED id December 31, prior red during current year: syment in full	overflow pa 03 plus 139 (0	age	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual)	No. of	6	7	8		10
16. Unpa year 17. Incurr Settle 18.1 By pa 18.2 By pa comp	mmary of Line 13 from of tals (Lines 1301 thru 130000) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED id December 31, prior and during current year of during current year: syment in full	overflow pa 03 plus 139 (age	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual)	No. of	6	7	8		10
16. Unpa year 17. Incurr Settle 18.1 By pa com 18.3 Totals	mmary of Line 13 from of tals (Lines 1301 thru 130000) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED id December 31, prior and during current year and during current year: anyment in full syment on promised claims s paid	overflow pa 03 plus 139 (age	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual)	No. of	6	7	8		10
16. Unpa year 17. Incurr Settle 18.1 By pa 18.3 Totals 18.4 Reduings.	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED id December 31, prior red during current year during current year syment in full hyment on promised claims s paid ction by compromise	overflow pa 03 plus 139 (age	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual)	No. of	6	7	8		10
16. Unpa year 17. Incurr Settle 18.1 By pa 18.3 Totals 18.4 Reduils.5 Amou	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED id December 31, prior and during current year during current year during current year during current year during current year during current year during current year during current year during current year during current year during current year during current year	overflow pa 03 plus 139 (age	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual)	No. of	6	7	8		10
16. Unpa year 17. Incurr Settle 18.1 By pa 18.2 By pa 18.3 Totals 18.4 Redu 18.5 Amou 18.6 Total	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED id December 31, prior red during current year during current year lyment in full lyment on promised claims s paid ction by compromise unt rejected settlements	overflow pa 03 plus 139 (age	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual)	No. of	6	7	8		10
16. Unpa year 17. Incurr Settle 18.1 By pa 18.2 By pa comp 18.3 Totals 18.4 Redu 18.5 Amou 18.6 Total 19. Unpa	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED id December 31, prior and during current years and during current y	overflow pa 03 plus 139 (age	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual)	No. of	6	7	8		10
16. Unpa year 17. Incurr Settle 18.1 By pa 18.2 By pa comp 18.3 Totals 18.4 Redu 18.5 Amou 18.6 Total 19. Unpa	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED id December 31, prior red during current year during current year lyment in full lyment on promised claims s paid ction by compromise unt rejected settlements	overflow pa 03 plus 139 (age	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual)	No. of	6	7	8		10
16. Unpa year 17. Incurr Settle 18.1 By pa 18.2 By pa com 18.3 Totals 18.4 Redul 18.5 Amou. 18.6 Total 19. Unpa year	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED id December 31, prior and during current years and during current y	overflow pa 03 plus 139 (age	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual)	No. of Certifs.	6	7	8		10
16. Unpa year 17. Incurr Settle 18.1 By pa 18.3 Totals 18.4 Reduils.5 Amounts.6 Total 19. Unpa year 20. In force 20. In fo	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED id December 31, prior and during current years	overflow pa 03 plus 139 (age	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual)	No. of Certifs.	6	7	8		10
16. Unpa year 17. Incurr Settle 18.1 By pa 18.2 By pa 18.4 Redu 18.5 Amou 18.6 Total 19. Unpa year 20. In forc	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED id December 31, prior red during current year: lyment in full lyment on promised claims s paid ction by compromise unt rejected settlements id Dec. 31, current (16+17-18.6) POLICY EXHIBIT ce December 31, prior	overflow pa 03 plus 139 (age	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual)	No. of Certifs.	6	7	8		10
16. Unpa year 17. Incurr Settle 18.1 By pa 18.2 By pa comp 18.3 Totals 18.4 Redu 18.5 Amou 18.6 Total 19. Unpa year 20. In ford year 21. Issued	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED id December 31, prior and during current years	overflow pa 03 plus 139 (age	(Group 3 No. of Ind.Pols. & Gr.	Amount	No. of Certifs.	6	7	8		10

current year (a)

(a) Includes Individual Credit Life Insurance prior year \$, current year \$, current year \$, 23. In force December 31 of

ACCIDENT AND HEALTH INSURANCE

	_ _					
		1	2	3	4	5
			D: . D .	Dividends Paid Or		D:
		D: . D .	Direct Premiums	Credited On Direct	D D	Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	710,761,412	710,761,412		562,457,334	555,011,945
	Other Individual Policies:	, ,	, ,		, ,	, ,
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)		0	0	0	0
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		710,761,412	0	562,457,334	555,011,945



NAIC Company Code 12902

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Health Spring Life & Health Insurance Company, Inc. DURING THE YEAR 2010 DIRECT BUSINESS IN THE STATE OF Utah

NAIC Group Code 3477

LIFE INSURANCE

	DIRECT P	REMIUMS	•	1	Cr	2 edit Life (Grou	au	3		4			5
	AND ANNUITY C	ONSIDER!	ATIONS	Ordina		and Individual)		Group		Industria	I		Total
1.	Life insurance												
2. 3.	Annuity considerations Deposit-type contract fund					XXX				XXX			
4.	Other considerations												
5.	Totals (Sum of Lines 1 to 4												
	DIRECT DIVIDENDS	TO POLIC	YHOLDERS										
	nsurance:												
	Paid in cash or left on dependent of the payment of												
6.3	Applied to pay reflewal pre												
0.0	endowment or premiu	m-paying p	eriod										
6.4	Other												
6.5 Annu	Totals (Sum of Lines 6.1 to	0 6.4)											
7.1	Paid in cash or left on dep	osit											
7.2	Applied to provide paid-up												
7.3	Other												
7.4	Totals (Sum of Lines 7.1 to	,											
8.	Grand Totals (Lines 6.5 pl		ITC DAID										
9.	Death benefits												
10.	Matured endowments												
11.	Annuity benefits												
12.													
13.	Aggregate write-ins for mis and benefits paid												
14.	All other benefits, except a												
15.	Totals												
	DETAILS OF WRITE-INS												
1301.													
1302	·												
	Summary of Line 13 from (
1399.	Totals (Lines 1301 thru 13	03 plus 139	98) (Line 13										
	above)												
				Cr	edit Life								
		_	S			١ ,	· · · · · ·		1	L A! _ 1		T-4	-1
	DIRECT DEATH	1	Ordinary 2	(Group a	and Individual) 4		Group 6	7		ustrial 8	9	Tot	
	DIRECT DEATH BENEFITS AND		Ordinary 2	(Group a	and Individual)	5	Group 6	7		ustrial 8	9	Tot	al 10
	BENEFITS AND MATURED			(Group a 3 No. of Ind.Pols.	and Individual)	5		7			9	Tot	
	BENEFITS AND MATURED ENDOWMENTS INCURRED			(Group a	and Individual)						9 No.	Tot	
	BENEFITS AND MATURED ENDOWMENTS INCURRED Jupaid December 31, prior	1	2	(Group a 3 No. of Ind.Pols. & Gr.	and Individual) 4	5 No. of	6			8		Tot	10
	BENEFITS AND MATURED ENDOWMENTS INCURRED Jnpaid December 31, prior year	1	2	(Group a 3 No. of Ind.Pols. & Gr.	and Individual) 4	5 No. of	6			8		Tot	10
17. li	BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year neurred during current year Settled during current year:	1	2	(Group a 3 No. of Ind.Pols. & Gr.	and Individual) 4	5 No. of	6			8		Tot	10
17. li S 18.1 E	BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year ncurred during current year Settled during current year: By payment in full	1	2	(Group a 3 No. of Ind.Pols. & Gr.	and Individual) 4	5 No. of	6			8		Tot	10
17. li 8 18.1 E 18.2 E	BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year nourred during current year Settled during current year: By payment in full By payment on	1	2	(Group a 3 No. of Ind.Pols. & Gr.	and Individual) 4	5 No. of	6			8		Tot	10
17. li 8 18.1 E 18.2 E	BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year neurred during current year Settled during current year: By payment in full By payment on compromised claims	No.	2	(Group a 3 No. of Ind.Pols. & Gr.	and Individual) 4	5 No. of	6			8		Tot	10
17. li 8 18.1 E 18.2 E	BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year nourred during current year Settled during current year: By payment in full By payment on	1	2	(Group a 3 No. of Ind.Pols. & Gr.	and Individual) 4	5 No. of	6			8		Tot	10
17. li 8 18.1 E 18.2 E 18.3 T 18.4 F 18.5 A	BENEFITS AND MATURED ENDOWMENTS INCURRED Jupaid December 31, prior year Decem	No.	2	(Group a 3 No. of Ind.Pols. & Gr.	and Individual) 4	5 No. of	6			8		Tot	10
17. li 8.18.1 E 18.2 E 18.3 T 18.4 F 18.5 A 18.6 T	BENEFITS AND MATURED ENDOWMENTS INCURRED Jinpaid December 31, prior year nourred during current year settled during current year: By payment in full Sy payment on compromised claims otals paid Reduction by compromise Incurrence of the prior of the pri	No.	2	(Group a 3 No. of Ind.Pols. & Gr.	and Individual) 4	5 No. of	6			8		Tot	10
17. li 18.1 E 18.2 E 18.3 T 18.4 F 18.5 A 18.6 T 19. L	BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year nourred during current year Settled during current year by payment in full sy payment on compromised claims otals paid Reduction by compromise Amount rejected Otal settlements Unpaid Dec. 31, current	No.	2	(Group a 3 No. of Ind.Pols. & Gr.	and Individual) 4	5 No. of	6			8		Tot	10
17. li 18.1 E 18.2 E 18.3 T 18.4 F 18.5 A 18.6 T 19. U	BENEFITS AND MATURED ENDOWMENTS INCURRED Jinpaid December 31, prior year nourred during current year settled during current year: By payment in full Sy payment on compromised claims otals paid Reduction by compromise Incurrence of the prior of the pri	No.	2	(Group a 3 No. of Ind.Pols. & Gr.	and Individual) 4	5 No. of	6			8		Tot	10
17. li 8.1 18.1 E 18.2 E 18.3 T 18.4 F 18.5 A 18.6 T 19. L	BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year neurred during current year Settled during current year By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT	No.	2	(Group a 3 No. of Ind.Pols. & Gr.	and Individual) 4	No. of Certifs.	6			8		Tot	10
17. li 8 18.1 E 18.2 E 18.3 T 18.4 F 18.5 A 18.6 T 19. U	BENEFITS AND MATURED ENDOWMENTS INCURRED Journal December 31, prior year	No.	2	(Group a 3 No. of Ind.Pols. & Gr.	Amount	No. of Certifs.	6			8		Tot	10
17. li 8 18.1 E 18.2 E 18.3 T 18.4 F 18.6 T 19. U	BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year neurred during current year Settled during current year by payment in full sy payment on compromised claims otals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT In force December 31, prior year ssued during year	No.	2	(Group a 3 No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	6			8		Tot	10
17. li 8 18.1 E 18.2 E 18.3 T 18.4 F 18.5 A 18.6 T 19. L 20. li 21. li 22. C	BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year nourred during current year By payment in full By payment on compromised claims otals paid Reduction by compromise Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT In force December 31, prior year Uther changes to in force	No.	2	(Group a 3 No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	6			8		Tot	10
17. li 5 18.1 E 18.2 E 18.3 T 18.4 F 18.5 A 18.6 T 19. U 20. li 21. li 22. C	BENEFITS AND MATURED ENDOWMENTS INCURRED Journal December 31, prior year December 31, prior year December 31, prior year December 31, prior year December 31, prior year December 31, prior year December 31, current year (16+17-18.6) POLICY EXHIBIT In force December 31, prior year December 31, prior year December 31, prior year December 31, prior year December 31, prior year December 31, prior year December 31, prior year December 31, prior year December 31, prior year December 31, prior year December 31, prior year December 31, prior year December 31, prior year December 31, prior year December 31, prior year December 31, prior year December 31, prior year	No.	2	(Group a 3 No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	6			8		Tot	10
17. li 8.1 E 18.1 E 18.3 T 18.4 F 18.5 A 19. L 20. li 21. ls 22. C 23. li	BENEFITS AND MATURED ENDOWMENTS INCURRED Jonaid December 31, prior year	No.	Amount	(Group a 3 No. of Ind.Pols. & Gr. Certifs.	Amount Amount	No. of Certifs.	6			8		Tot	10
17. li 8.1 E 18.1 E 18.3 T 18.4 F 18.5 A 18.6 T 19. L 20. li 21. ls 22. C 23. li (a) Inc	BENEFITS AND MATURED ENDOWMENTS INCURRED Jonaid December 31, prior year	No.	Amount rior year \$	(Group a 3 No. of Ind.Pols. & Gr. Certifs.	Amount Amount a) a) currer	No. of Certifs. No. of Policies	Amou	unt No		8 Amount		Tot	10
17. li 8.1 E 18.1 E 18.3 T 18.4 F 18.5 A 18.6 T 19. U 20. li 21. ls 22. C 23. li (a) Incolne	BENEFITS AND MATURED ENDOWMENTS INCURRED Jinpaid December 31, prior year	No.	Amount Amount rior year \$ as less than or ea	(Group a 3 No. of Ind.Pols. & Gr. Certifs.	Amount Amount Amount a) a) currer nths at issue, pr	No. of Certifs. No. of Policies It year \$	Amou	unt No	, curr	8 Amount ent year \$		Tot	10
17. li 8.1 E 18.1 E 18.3 T 18.4 F 18.5 A 18.6 T 19. U 20. li 21. ls 22. C 23. li (a) Incolne	BENEFITS AND MATURED ENDOWMENTS INCURRED Jonaid December 31, prior year	No.	Amount rior year \$ Is less than or ed IT NOT GREATI	(Group a 3 No. of Ind.Pols. & Gr. Certifs.	Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount	No. of Certifs. No. of Policies It year \$ ior year \$ o	Amou	unt No	, curr	8 Amount ent year \$		Tot	10
17. li 8.1 E 18.1 E 18.3 T 18.4 F 18.5 A 18.6 T 19. U 20. li 21. ls 22. C 23. li (a) Incolne	BENEFITS AND MATURED ENDOWMENTS INCURRED Jinpaid December 31, prior year	No.	Amount rior year \$ Is less than or ed IT NOT GREATI	(Group a 3 No. of Ind.Pols. & Gr. Certifs.	Amount Amount Amount a) a) currer nths at issue, pr	No. of Certifs. No. of Policies No. of Policies No. of Policies	Amou	unt No	, curr	Amount ent year \$		Tot	Amount
17. li 8.1 E 18.1 E 18.3 T 18.4 F 18.5 A 18.6 T 19. U 20. li 21. ls 22. C 23. li (a) Incolne	BENEFITS AND MATURED ENDOWMENTS INCURRED Jinpaid December 31, prior year	No.	Amount rior year \$ Is less than or ed IT NOT GREATI	(Group a 3 No. of Ind.Pols. & Gr. Certifs.	Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount	No. of Certifs. No. of Policies It year \$ ior year \$ o	Amou	NCE 3	, curr	8 Amount ent year \$		Tot	10
17. li 8.1 E 18.1 E 18.3 T 18.4 F 18.5 A 18.6 T 19. U 20. li 21. ls 22. C 23. li (a) Incolne	BENEFITS AND MATURED ENDOWMENTS INCURRED Jinpaid December 31, prior year	No.	Amount rior year \$ Is less than or ed IT NOT GREATI	(Group a 3 No. of Ind.Pols. & Gr. Certifs.	Amount Amount Amount Amount Amount Amount Amount Anount No. of Certifs. No. of Policies No. of Policies No. of Policies	Amou	unt No	, curr	Amount ent year \$			Amount	
17. li § 18.1 E 18.2 E 18.3 T 18.4 F 18.5 A 18.6 T 19. U 20. li 21. li 22. C 23. li (a) Inco Loa	BENEFITS AND MATURED ENDOWMENTS INCURRED Jonaid December 31, prior year	No.	Amount rior year \$ s less than or equivalent to the standard of the stan	(Group a 3 No. of Ind.Pols. & Gr. Certifs.	Amount Amount	No. of Certifs. No. of Policies It year \$ ior year \$ private year \$ privat	Amou	NCE 3 Dividends Paid	, curr	Amount ent year \$	No.	Dire	Amount 5
17. li 8.1 E 18.1 E 18.2 E 18.3 T 18.4 F 18.5 A 18.6 T 19. L 20. li 21. li 22. C 23. li (a) Inc. Local Local 24.	BENEFITS AND MATURED ENDOWMENTS INCURRED Jonaid December 31, prior year	No.	Amount rior year \$ s less than or equal to the state of the stat	(Group a 3 No. of Ind.Pols. & Gr. Certifs.	Amount Amount	No. of Certifs. No. of Policies No. of Policies No. of Policies ALTH INS	Amou	NCE 3 Dividends Paid Credited On Dir	, curr	Amount ent year \$	No.	Dire	Amount 5 ct Losses
17. li 8.1 E 18.1 E 18.2 E 18.3 T 18.4 F 18.5 A 18.6 T 19. L 20. li 21. li 22. C 23. li (a) Inc. Local Local 24.	BENEFITS AND MATURED ENDOWMENTS INCURRED Jonaid December 31, prior year	No. Insurance privance Loar at issue BU	Amount rior year \$	(Group a 3 No. of Ind.Pols. & Gr. Certifs.	Amount Amount	No. of Certifs. No. of Policies No. of Policies No. of Policies ALTH INS	Amou	NCE 3 Dividends Paid Credited On Dir	, curr	Amount ent year \$	No.	Dire	Amount 5 ct Losses

(b) For books the books of the control of the contr	and the same and a state of the same of th	DDO		A	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,029,332	3,029,332	0	2,590,451	2,565,224
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
25.5 All other (b)					
25.4 Other accident only					
25.3 Non-renewable for stated reasons only (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b)					
Other Individual Policies:					
24.4 Medicare Title XVIII exempt from state taxes or fees	3,029,332	3,029,332		2,590,451	2,565,224
24.3 Collectively renewable policies (b)					
24.2 Credit (Group and Individual)					
premium (b)		L	L	L	L

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons



ANNUAL STATEMENT FOR THE	YEAR 2010 OF		ng Life & Health		
DIRECT BUSINESS IN THE STATE OF Vermont				DURING TH	E YEAR 2010
NAIC Group Code 3477	L	IFE INSURANCE	.	NAIC Compa	any Code 12902
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance	,	<i>'</i>			
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities			<u></u>		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID		1			
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

above)											
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10	
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31, prior											
year 17. Incurred during current year			†		†						
Settled during current year:			†t								
18.1 By payment in full											
18.2 By payment on compromised claims									-		
18.3 Totals paid		·····	·		-						
18.4 Reduction by compromise 18.5 Amount rejected			\								
18.6 Total settlements				₽							
19. Unpaid Dec. 31, current year (16+17-18.6)			V								
POLICY EXHIBIT					No. of Policies						
20. In force December 31, prior year			((a)							
21. Issued during year											
22. Other changes to in force (Net)											
23. In force December 31 of current year				(a)							

ACCIDENT AND HEALTH INSURANCE

	F	CCIDENT AND	HEALTH INSUI	IANCL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	1,612,728	1,612,728		1,403,347	1,389,681
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,612,728	1,612,728	0	1,403,347	1,389,681



DIRECT BUSINESS IN THE	STATE (OF Virginia						DURI	NG THE Y	/EAR 2010
NAIC Group Code 3477		J	LIFE INSURANCE NAIC Company Code 12							
					2		3	4		5
	PREMIUM		0.1		edit Life (G		0			.
1. Life insurance					nd Individu		Group	Industria		Total
Annuity considerations										
Deposit-type contract fun										
Other considerations					XXX					
Totals (Sum of Lines 1 to										
DIRECT DIVIDENDS	,	VUOI DEDO								
Life insurance:	TOFOLIC	THOLDERS								
6.1 Paid in cash or left on de	nosit									
6.2 Applied to pay renewal pr										
6.3 Applied to provide paid-u										
endowment or premi	um-paving	period								
6.4 Other										
6.5 Totals (Sum of Lines 6.1	to 6.4)									
Annuities:	•	_	_							
7.1 Paid in cash or left on de	oosit									
7.2 Applied to provide paid-u	p annuities									
7.3 Other										
7.4 Totals (Sum of Lines 7.1	to 7.3)									
8. Grand Totals (Lines 6.5 p	lus 7.4)		Y			VIL				
DIRECT CLAIMS	AND BENE	FITS PAID								
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and wit	hdrawals fo	r life contracts								
13. Aggregate write-ins for m	iscellaneou	s direct claims								
and benefits paid										
All other benefits, except	accident a	nd health								
15. Totals										
DETAILS OF WRITE-INS	3									
1301.										
1302.										
1303.										
1398. Summary of Line 13 from		•								
1399. Totals (Lines 1301 thru 1	303 plus 13	398) (Line 13								
above)										
			(Credit Life	1					
		Ordinary	(Group	and Individual)		Group		Industrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND			No. of							
MATURED ENDOWMENTS			Ind.Pols. & Gr.		No. of			1		
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amoun	t No.	Amount	No.	Amount
16. Unpaid December 31, prior	110.	Airiount	OCITIIS.	, unount	OCITIO.	, unour	110.	Ainouit	140.	Aniount
year		_								
17. Incurred during current year										
Sottlad during ourrent year:	1	1	1	1	1	l	1	ı		1

				JI EUIT LIIE						
		Ordinary	(Group	and Individual)		Group		ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior	INO.	Amount	Gertiis.	Amount	Gertiis.	Amount	INO.	Amount	INO.	Amount
year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid			_							
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)			V		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
					No. of					
POLICY EXHIBIT 20. In force December 31, prior year				(a)	Policies					
21. Issued during year				X7						
22. Other changes to in force (Net)										
23. In force December 31 of				(a)						

current year

(a) Includes Individual Credit Life Insurance prior year \$, current year \$, current year \$, current year \$, current year \$, current y

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT AND	IILALIII IIIOOI	IAIIOL		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)	.				
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	-				
24.4 Medicare Title XVIII exempt from state taxes or fees	12,091,288	12,091,288		9,632,335	9,538,532
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,091,288	12,091,288	0	9,632,335	9,538,532



DIRE	CT BUSINESS IN THE STATE OF Washington	n	•		DURING THE	E YEAR 2010
NAIC	Group Code 3477		LIFE INSURANCE		NAIC Compa	ny Code 12902
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
_	nsurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annu	ities:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1201						

1399. Totals (Lines 1301 thru 130 above)	•	_									
	(Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10	
INCURRED 16. Unpaid December 31, prior year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
Incurred during current year Settled during current year: Settled furing current year: Incurred turing current year:											
18.2 By payment on compromised claims											
8.4 Reduction by compromise 8.5 Amount rejected											
8.6 Total settlements											
19. Unpaid Dec. 31, current year (16+17-18.6)											
POLICY EXHIBIT 20. In force December 31, prior year				(a)	No. of Policies						
Issued during year Other changes to in force (Net)											
23. In force December 31 of current year				(a)							

ACCIDENT AND HEALTH INSURANCE

		CODEIII AIID	AL			
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	13,364,598	13,364,598		11,574,900	11,462,179
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,364,598	13.364.598	0	11.574.900	11.462.179

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons

insured under indemnity only products0 .

1302. 1303.

1398. Summary of Line 13 from overflow page



				2 2 0 1	0 4 3 0	4 9 0	0 0
ANNUAL	STATEMENT FOR THE	YEAR 2010 OF THE	HealthSpring Life	e & Health Ir	nsurance Comp	oany, Ind	C.
DIRECT BUSINESS I	N THE STATE OF West Virgi	inia			DURING TH	E YEAR	2010
NAIC Group Code	3477	LIFE II	NSURANCE		NAIC Compa	any Code	12902

, ., .,	Group Gode GTT				TW NO COMP	arry Code 12002
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.			XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life ir	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1	Paid in cash or left on deposit					
	Applied to provide paid-up annuities			····		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	0 (1) 10((1)					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		,		*		*				
	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial	Total	
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind.Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year									-	
Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise									-	
18.5 Amount rejected				8						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				a)						
21. Issued during year					ļ					
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

current year			(a)				
(a) Includes Individual Credit I	ife Insurance p	rior year \$, current year \$	 		
Includes Group Credit Life	Insurance Loa	ns less than or equ	ual to 60 months at is	ssue, prior year \$, Cl	urrent year \$.	
Loans greater than 60 mor	nths at issue Bl	JT NOT GREATE	R THAN 120 MONTI	HS, prior year \$	 Cl	urrent year \$.	

ACCIDENT AND HEALTH INSURANCE

	<i>F</i>	CODEIII AIID		ACCIDENT AND HEAETH INCOMANCE											
		1	2	3	4	5									
				Dividends Paid Or											
			Direct Premiums	Credited On Direct		Direct Losses									
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred									
24.	Group Policies (b)														
24.1	Federal Employees Health Benefits Program														
	premium (b)														
24.2	Credit (Group and Individual)														
24.3	Collectively renewable policies (b)														
24.4	Medicare Title XVIII exempt from state taxes or fees	366,085	366,085		318,823	315,719									
	Other Individual Policies:														
25.1	Non-cancelable (b)														
25.2	Guaranteed renewable (b)														
25.3	Non-renewable for stated reasons only (b)														
25.4	Other accident only														
	All other (b)														
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0									
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	366,085	366.085	0	318,823	315.719									

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products ______0.

24.WV



ANNUAL STATEMENT F	OR THE YEAR 2010 OF THE H		Insurance Company, Inc	
DIRECT BUSINESS IN THE STATE OF A	Wisconsin		DURING THE YEAR	2010
NAIC Group Code 3477	LIFE INS	SURANCE	NAIC Company Code	12902

*/ 110	Group Gode GHTT				1 W tile Compa	119 0000 12002
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX	-	XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	nsurance:					
6.1	•					
	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1	Paid in cash or left on deposit					
7.2						
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
10.	Matured endowments					
11.						
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
	Totals					
	DETAILS OF WRITE-INS					
1301						
1302						
1303						
1398	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13			<u> </u>		
	above)					

	(Ordinary		Credit Life (Group and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims	,									
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

current year			(a)				
(a) Includes Individual Credit L	fe Insurance p	rior year \$, current year \$	 		
Includes Group Credit Life	nsurance Loa	ns less than or equ	ual to 60 months at i	issue, prior year \$, CI	urrent year \$	
Loans greater than 60 mon	ths at issue Bl	JT NOT GREATE	R THAN 120 MONT	HS, prior year \$	CI	urrent vear \$	

ACCIDENT AND HEALTH INSURANCE

	ACCIDEIN AND	HEALIII III 1001	IANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	11, 195, 035	11, 195, 035		9,729,153	9,634,407
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11, 195, 035	11, 195, 035	0	9,729,153	9,634,407



		1 2		1 0 4 3 0 9	
ANNUAL STATEMENT FOR THE	YEAR 2010 OF	THE HealthSpri	ng Life & Health	Insurance Comp	oany, Inc.
DIRECT BUSINESS IN THE STATE OF Wyoming				DURING TH	E YEAR 2010
NAIC Group Code 3477	LI	FE INSURANCE	NAIC Compa	any Code 12902	
	1	2	3	4	5

AND ANNUITY CONSIDERATIONS Ordinary and Individual) Group Industrial Total I. Life insurance. 2. Annuity considerations. 3. Deposit-type contract funds. 4. Other considerations. 5. Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit. 6.2 Applied to pay renewal premiums. 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period. 6.4 Other. 6.5 Totals (Sum of Lines 6.1 to 6.4) Annulties: 7.1 Paid in cash or left on deposit. 7.2 Applied to provide paid-up annuities. 7.1 Paid in cash or left on deposit. 7.2 Applied to provide paid-up annuities. 7.3 Other. 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 5.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits DIRECT CLAIMS AND BENEFITS PAID 11. Annuity benefits 12. Surrender values and withdrawals for life contracts. 13. Aggregate write-ins for miscellaneous direct claims and benefits paid. 14. All other benefits, except accident and health. 15. Totals DETAILS OF WRITE-INS 1300.			1	2	3	4	5
1. Life insurance 2. Annuity considerations 3. Deposit-type contract funds 5. Totals (Sum of Lines 1 to 4) 5. Totals (Sum of Lines 1 to 4) 6. University of the contract funds 6. Applied to provide paid-up additions or shorten the endowment or premium-paying period 6. Applied to provide paid-up additions or shorten the endowment or premium-paying period 6. Other 6. Totals (Sum of Lines 6.1 to 6.4) 6. Totals (Sum of Lines 6.1 to 6.4) 6. Totals (Sum of Lines 6.1 to 6.4) 6. Totals (Sum of Lines 6.5 plus 7.4) 7. Paid in cash or left on deposit 7. Applied to provide paid-up annuities 7. Applied to provide		DIRECT PREMIUMS		Credit Life (Group			
2. Annuity considerations 3. Deposit-type contract funds 4. Other considerations 5. Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8 Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1301.			Ordinary	and Individual)	Group	Industrial	Total
3. Deposit-type contract funds 4. Other considerations 5. Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS itel insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9 Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1302.							
4. Other considerations 5. Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) Annutities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annutites 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annutiy benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1301.	2.						
5. Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit. 6.2 Applied to provide paid-up additions or shorten the endowment or premium-paying period. 6.4 Other. 6.5 Totals (Sum of Lines 6.1 to 6.4)	3.	Deposit-type contract funds		XXX		XXX	
DIRECT DIVIDENDS TO POLICYHOLDERS 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) Annutities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annutities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 11. Annutiy benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1301. 1301.	4.	Other considerations					
Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) Annutities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annutities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8 Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1301.	5.	Totals (Sum of Lines 1 to 4)					
6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) Annutities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annutites 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8 Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 11. Annutity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1301.		DIRECT DIVIDENDS TO POLICYHOLDERS					
6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1301.	Life in	surance:					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) Annutities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annutities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1301.	6.1	Paid in cash or left on deposit					
endowment or premium-paying period 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1302.	6.2	Applied to pay renewal premiums					
6.5 Totals (Sum of Lines 6.1 to 6.4)	6.3						
Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1301. 1302.		Other					
7.1 Paid in cash or left on deposit	6.5	Totals (Sum of Lines 6.1 to 6.4)					
7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1302.	Annui	ties:					
7.3 Other	7.1	Paid in cash or left on deposit					
7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1302. 1303.	7.2	Applied to provide paid-up annuities					
8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits	7.3	Other					
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits	7.4	Totals (Sum of Lines 7.1 to 7.3)					
9. Death benefits	8.	Grand Totals (Lines 6.5 plus 7.4)					
10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1301. 1302. 1303.		DIRECT CLAIMS AND BENEFITS PAID					
11. Annuity benefits	9.	Death benefits					
12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1301. 1302. 1303.	10.	Matured endowments					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	11.	Annuity benefits					
and benefits paid	12.	Surrender values and withdrawals for life contracts					
14. All other benefits, except accident and health	13.						
DETAILS OF WRITE-INS 1301. 1302. 1303.	14.						
1301	15.	Totals					
1302		DETAILS OF WRITE-INS					
1302	1301.						
1303.	1302.						
	1303.						
1330. Sullilliary of Life 13 from overflow page	1398.	Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13		· · · · · · · · · · · · · · · · · · ·	*				

		,		*		*				
	(Ordinary		Credit Life (Group and Individual)		Group		ndustrial	Total	
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind.Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year									-	
Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise									-	
18.5 Amount rejected				8						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				a)						
21. Issued during year					ļ					
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

current year			(a)				
(a) Includes Individual Credit I	ife Insurance p	rior year \$, current year \$	 		
Includes Group Credit Life	Insurance Loa	ns less than or equ	ual to 60 months at is	ssue, prior year \$, Cl	urrent year \$.	
Loans greater than 60 mor	nths at issue Bl	JT NOT GREATE	R THAN 120 MONTI	HS, prior year \$	 Cl	urrent year \$.	

ACCIDENT AND HEALTH INSURANCE

	<i>F</i>	ACCIDENT AND HEAETH INCOMANCE											
		1	2	3	4	5							
				Dividends Paid Or									
			Direct Premiums	Credited On Direct		Direct Losses							
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24.	Group Policies (b)												
24.1	Federal Employees Health Benefits Program												
	premium (b)												
24.2	Credit (Group and Individual)												
24.3	Collectively renewable policies (b)												
24.4	Medicare Title XVIII exempt from state taxes or fees	798,757	798,757		796,351	788,596							
	Other Individual Policies:	,	,		,	ŕ							
25.1	Non-cancelable (b)												
25.2	Guaranteed renewable (b)												
25.3	Non-renewable for stated reasons only (b)												
25.4	Other accident only												
	All other (b)												
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0							
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	798.757	798.757	0	796.351	788.596							



NAIC Company Code 12902

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE	HealthSpring Life & Health Insurance Cor		
DIRECT BUSINESS IN THE STATE OF American Samoa	DURING 1	HE YEAR 2010)

NAIC Group Code

LIFE INSURANCE

		1	2	3	4	5
	DIRECT PREMIUMS	0 "	Credit Life (Group			.
1	AND ANNUITY CONSIDERATIONS Life insurance	Ordinary	and Individual)	Group	Industrial	Total
• • •	Annuity considerations					
2.	•					
3.	Deposit-type contract funds		XXX		XXX	<u> </u>
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
-	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					ļ
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts				ļ	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health				l l	
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						ļ
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13				ļ	

	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims	,									
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

ACCIDENT AND HEALTH INSURANCE

	<u> </u>	CODEIL AID		17410E		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	17,093	17,093	0	6,532	6,469
	Other Individual Policies:	,	,		,	,
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17.093	17.093	0	6.532	6.469



DIRE	CT BUSINESS IN THE STATE OF Guam			9	DURING TH	E YEAR 2010
NAIC	Group Code 3477		LIFE INSURANCI	E	NAIC Compa	any Code 12902
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	nsurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities			<u></u>		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					

1301. 1302. 1303.

1398. Summary of Line 13 from overflow page

		Ordinary		credit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7	8	9	10
16. Unpaid December 31, prior year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
*										
8.2 By payment on compromised claims										
8.4 Reduction by compromise										
8.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year		–		(a)	No. of Policies					
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

	COUDEIL AILD	HEALIH INOU	171101		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	2.324	2.324		1.342	1.329
Other Individual Policies:	,	,		, i	,
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2.324	2.324	0	1.342	1.329



ANNUAL	. STATEMENT F	OR THE YEAR 2010 O	F THE	HealthSpring I	∟ife & Health	Insurance Company, Inc	٥.
DIRECT BUSINESS	IN THE STATE OF	Puerto Rico				DURING THE YEAR	2010
NAIC Group Code	3477		LIFE IN	NSURANCE		NAIC Company Code	12902

						,
	DIDECT DESMUMO	1	2	3	4	5
	DIRECT PREMIUMS	O	Credit Life (Group	0	la di catala l	Total
1.	AND ANNUITY CONSIDERATIONS Life insurance	Ordinary	and Individual)	Group	Industrial	rotai
2.	Annuity considerations					
3.			XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	nsurance:					
	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annu	ities:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3						
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.						
11.	Annuity benefits					
	Surrender values and withdrawals for life contracts					
	Aggregate write-ins for miscellaneous direct claims					
	55 5					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301						
1302						
1303						
1398	Cummany of Line 10 from avariant are					
	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13					
1000	above)					

	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims	,									
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.., current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

	•	TOUIDEITI AITD	AL			
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	70,236			26,331	26,074
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	70.236	70.236	0	26.331	26.074



							20							0
ANNUAL	. STATEMENT FO	R THE YEAR	2010 OF THE	HealthS _l	pring	Life 8	Healt	h Ins	uranc	e Co	mpa	ıny, İn	C.	
DIRECT BUSINESS	IN THE STATE OF U	.S. Virgin Islands							DUI	RING	THE	YEAR	201	0
NAIC Group Code	3477		LIFE II	NSURAN	CE				NAI	C Coi	npan	y Code	12	2902

NAIC Group Code

		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group	_		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuit	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

						l .				
	(Ordinary		redit Life and Individual)		Group	lı	ndustrial	Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7	8	9	10
Unpaid December 31, prior year Incurred during current year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Settled during current year: 18.1 By payment in full									-	
18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements									-	
19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT			V	V	No. of Policies	V L				
In force December 31, prior year Issued during year Other changes to in force				a)						
(Net)				a)					-	

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$.., current year \$

ACCIDENT AND HEALTH INSURANCE

	•	CODEII AID		IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	864	864			
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	864	864	0	0	0



ANNUA	IL STATEMENT FOR THE YEAR 2010 (of the HealthSpring Life & Health Insul	rance Company, inc) .
DIRECT BUSINESS	S IN THE STATE OF Grand Total		DURING THE YEAR	2010
NAIC Group Code	3477	LIFE INSURANCE	NAIC Company Code	12902

		1	2	3	4	5
	DIDECT DDEMILING	I		3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.		Ordinary	and individual)	Group	moustnai	rolar
	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	surance:					
	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Paid in cash or left on deposit					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.						
14	and benefits paid					
	Totals					
10.	DETAILS OF WRITE-INS					
1201						
1301.			-			
			-			
1000.	Cummon of Line 12 from everifications					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	(Ordinary		Credit Life (Group and Individual)		Group	lı	ndustrial	Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year17. Incurred during current year Settled during current year:18.1 By payment in full									-	
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year		-		(a)	No. of Policies					
21. Issued during year										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.., current year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	_					
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)	0	0	0	0	0
24.1	Federal Employees Health Benefits Program premium (b)	0	0	0	0	0
24.2	Credit (Group and Individual)	0	0	0	0	0
24.3	Collectively renewable policies (b)	0	0	0	0	0
24.4	Medicare Title XVIII exempt from state taxes or fees	1, 111, 740, 234	1,111,740,234	0	901,857,898	891,691,508
	Other Individual Policies:					
25.1	Non-cancelable (b)	0	0	0	0	0
25.2	Guaranteed renewable (b)	0	0	0	0	0
25.3	Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4	Other accident only	0	0	0	0	0
	All other (b)	0	0	0	0	0
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,111,740,234	1,111,740,234	0	901,857,898	891,691,508

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons

...0 . insured under indemnity only products

Interest Maintenance Reserve NONE

Interest Maintenance Reserve - Amortization ${\sf NONE}$

ASSET VALUATION RESERVE

		Default Component			Equity Component		
	1	2	3	4	5 Real Estate and	6	7
	Other Than Mortgage Loans	Mortgage Loans	Total (Cols. 1 + 2)	Common Stock	Other Invested Assets	Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
Reserve as of December 31, prior year			0			0	0
Realized capital gains/(losses) net of taxes - General Account			0			0	0
Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
Unrealized capital gains/(losses) net of deferred taxes - General Account			0			0	0
Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	47,058	0	47,058	0	0	0	47,058
8. Accumulated balances (Lines 1 through 5 - 6 + 7)		0	47,058	0	0	0	47,058
9. Maximum reserve	303,393	0	303,393	0	0	0	303,393
10. Reserve objective	222,221	0	222,221	0	0	0	222,221
11. 20% of (Line 10 - Line 8)	35,033	0	35,033	0	0	0	35,033
12. Balance before transfers (Lines 8 + 11)	82,091	0	82,091	0	0	0	82,091
13. Transfers			0			0	xxx
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	82,091	0	82,091	0	0	0	82,091

ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

Description Description						JOLIC		4 1					
Line				1	2	3	4	Basic C	Contribution	Reserv	ve Objective	Maximu	m Reserve
Designation Description								5	6	7	, and the second	9	
LONG-TERM BONDS													Amount
1	ber	Designation	111 1111	Carrying Value	Encumbrances	Encumbrances	(Cols. 1 + 2 + 3)	Factor	(Cols.4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
2 1 Highest Quality 72, 221, 176 XXX XXX 72, 221, 176 Q.0004 29, 128 0.0023 167, 489 0.0009 3, 48, 601 XXX													
3	1.								0		0		
4	2.	1											218,4
5 4 Low Quality 0 XXX XXX 0 0.0213 0 0.0530 0 0.0750 7. 6 15 Lower Quality XXX XXX XXX 0 0.0432 0 0.1100 0 0.2000 8. 10 rol Near Default XXX	3.			9,436,601					17,930		54,732		84,9
6 5 Lower Quality	4.	3		0					0		0		
Total Unrated Multi-class Securities Acquired by Conversion	5.	4	,	0					0		0		
8.	6.	-	,						0		0		
Conversion	7.	6			XXX	XXX		0.0000	0	0.2000	0	0.2000	
Net Admitted Asset 86,284,405 XXX XXX 88,284,405 XXX 47,058 XXX 222,221 XXX 58,284,405 XXX XXX 47,058 XXX 222,221 XXX 58,284,405 XXX	8.				XXX	XXX	0	XXX	0	XXX	0	XXX	
10.	9.			86,284,405	XXX	xxx	86,284,405	XXX	47,058	XXX	222,221	XXX	303,3
11. 2			PREFERRED STOCK										
12. 3 Medium Quality	10.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	
13. 4 Low Quality Low	11.	2	High Quality		XXX	XXX	O L	0.0019	0	0.0058	0	0.0090	
14. 5 Lower Quality XXX XXX XXX 0 0.0432 0 0.1100 0 0.1700 15. 6 In or Near Default XXX XXX 0 0.0000 0 0.2000 0 0.2000 16. Affiliated Life with AVR XXX XXX 0 0.0000 0 0.0000 0 0.0000 0 0.0000 0 0.0000 0 0.0000 0 0.0000 0 0.0000 0 0.0000 0 0.0000 0 0.0000 0 0 0.0000 0 0 0.0000 0 0 0.0000 0 0 0 0.0000 0 </td <td>12.</td> <td>3</td> <td>Medium Quality</td> <td></td> <td>XXX</td> <td>XXX</td> <td>0</td> <td>0.0093</td> <td>0</td> <td>0.0230</td> <td>0</td> <td>0.0340</td> <td></td>	12.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	
15. 6 In or Near Défault	13.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	
15. 6 In or Near Default	14.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	
Total Preferred Stocks (Sum of Lines 10 through 16)	15.	6	In or Near Default				0	0.0000	0	0.2000	0	0.2000	
Total Preferred Stocks (Sum of Lines 10 through 16)							0	0.0000	0	0.0000	0	0.0000	
SHORT - TERM BONDS 3,770,560 XXX XXX 3,770,560 0.0000 0 0.0000 0 0.0000 0	17.		Total Preferred Stocks (Sum of Lines 10 through 16)	0			0		0	XXX	0		
18. Exempt Obligations 3,770,560 XXX XXX 3,770,560 0.0000 0 0.0000 0 0.0000 19. 1 Highest Quality 0 XXX XXX XXX 0 0.0004 0 0.0023 0 0.0030 20. 2 High Quality XXX XXX XXX XXX 0 0.0019 0 0.0058 0 0.0090 21. 3 Medium Quality XXX XXX XXX XXX 0 0.0093 0 0.0230 0 0.0340 22. 4 Low Quality XXX XXX XXX XXX 0 0.0432 0 0.1100 0 0.1700 24. 6 In or Near Default XXX XXX XXX 0 0.0000 0 0.2000 0 0.2000				-			-		-		-		
19. 1 Highest Quality 0 XXX XXX 0 0.0004 0 0.0023 0 0.0030 20. 2 High Quality XXX XXX XXX 0 0.0019 0 0.0058 0 0.0090 21. 3 Medium Quality XXX XXX XXX 0 0.0033 0 0.0230 0 0.0340 22. 4 Low Quality XXX XXX XXX XXX 0 0.0213 0 0.0530 0 0.0750 23. 5 Lower Quality XXX XXX XXX 0 0.0432 0 0.1100 0 0.1700 24. 6 In or Near Default XXX XXX XXX 0 0.0000 0 0.2000 0 0.2000	18.			3.770.560	XXX	XXX	3.770.560	0.0000	0	0.0000	0	0.0000	
20. 2 High Quality XXX XXX XXX 0 0.0019 0 0.0058 0 0.0090 21. 3 Medium Quality XXX XXX XXX 0 0.0093 0 0.0230 0 0.0340 22. 4 Low Quality XXX XXX XXX 0 0.0213 0 0.0530 0 0.0750 23. 5 Lower Quality XXX XXX XXX 0 0.0432 0 0.1100 0 0.1700 24. 6 In or Near Default XXX XXX XXX 0 0.0000 0 0.2000 0 0.2000	-	1	1 0	0			0		0		0		
21. 3 Medium Quality XXX XXX XXX 0 0.0093 0 0.0230 0 0.0340 22. 4 Low Quality XXX XXX XXX 0 0.0213 0 0.0530 0 0.0750 23. 5 Lower Quality XXX XXX XXX 0 0.0432 0 0.1100 0 0.1700 24. 6 In or Near Default XXX XXX XXX 0 0.0000 0 0.2000 0 0.2000		2					0		0		0		
22. 4 Low Quality XXX XXX XXX 0 0.0213 0 0.0530 0 0.0750 23. 5 Lower Quality XXX XXX XXX 0 0.0432 0 0.1100 0 0.1700 24. 6 In or Near Default XXX XXX XXX 0 0.0000 0 0.2000 0 0.2000		3					0		0		0		
23. 5 Lower Quality		4					0		0		0		
24. 6 In or Near Default		5					0		0		0		
		-	1				0		n l		0		
25. Total Short - Term Bonds (Sum of Lines 18 through 24) 3 770 560 xxx xxx xxx xxx xxx xxx xxx xxx xxx x	25.	ŭ	Total Short - Term Bonds (Sum of Lines 18 through 24)	3.770.560	XXX	XXX	3,770,560	XXX	0	XXX	0	XXX	

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

			1	2	3	4	Basic (Contribution	Reserve	Objective	Maximur	m Reserve
Line Num- ber	NAIC Designation	Description	Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
	Ŭ	DERIVATIVE INSTRUMENTS	, ,			((,		(
26.		Exchange Traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33.		Total Derivative Instruments	. 0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	90,054,965	XXX	XXX	90,054,965	XXX	47,058	XXX	222,221	XXX	303,393
0.5		MORTGAGE LOANS In Good Standing:			1004		0.0000 ()		0.0400 ()		0.0400 ()	
35.		Farm Mortgages			XXX		0.0063 (a)	0	0.0120 (a)	0	0.0190 (a)	0
36.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
37.		Residential Mortgages - All Other			XXX	0	0.0013 0.0003	0	0.0030	0	0.0040 0.0010	0
38.		Commercial Mortgages - Insured or Guaranteed			XXX XXX			0				
39. 40.		Commercial Mortgages - All OtherIn Good Standing With Restructured Terms			XXX		0.0063 (a) 0.2800 (b)		0.0120 (a) 0.6200 (b)		0.0190 (a) 1.0000 (b)	
40.		Overdue, Not in Process:			XXX				U.0200 (b)		(d) 0000.1	
41.		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
42.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
43.		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
44.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
45.		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure:										
46.		Farm Mortgages			XXX		0.0000	0	0.1700	0	0.1700	0
47.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
48.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
49.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000	0	0.0040	0	0.0040	0
50.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
51.		Total Schedule B Mortgages (Sum of Lines 35 through 50) (Page 2, Line 3, Net Admitted Asset)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
52.		Schedule DA Mortgages			XXX	0	(c)	0	(c)	0	(c)	0
53.		Total Mortgage Loans on Real Estate (Lines 51 + 52)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

⁽a) Times the company's experience adjustment factor (EAF).

⁽b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

⁽c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

_	EQUIT AND OTHER INVESTED ASSET COMPONENT											
			1	2	3	4		Contribution	Reserv	e Objective		m Reserve
Line Num-	NAIC		Book/Adjusted	Reclassify Related Party	Add Third Party	Balance for AVR Reserve Calculations	5	6 Amount	7	8 Amount	9	Amount
ber	Designation	Description ON MAN AT A COLUMN	Carrying Value	Encumbrances	Encumbrances	(Cols. 1 + 2 + 3)	Factor	(Cols.4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
		COMMON STOCK					0.0000		0.4000	•	0.4000	•
1.		Unaffiliated - Public		XXX	XXX		0.0000	0	0.1300 (d)	0	0.1300 (d)	0
2.		Unaffiliated - Private		XXX	XXX		0.0000	0	0.1600	0	0.1600	0
3.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4.		Affiliated - Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
		Affiliated - Investment Subsidiary:										
5.		Fixed Income - Exempt Obligations				0	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality				0	XXX		XXX		XXX	
7.		Fixed Income - High Quality				0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality				0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality				0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality				0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default				0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public				0	0.0000	0	0.1300 (d)	0	0.1300 (d)	0
13.		Unaffiliated Common Stock - Private				0	0.0000	0	0.1600	0	0.1600	0
14.		Mortgage Loans				0	(c)	0	(c)	0	(c)	0
15.		Real Estate				0	(e)	0	(e)	0	(e)	0
16.		Affiliated - Certain Other (See SVO Purposes and					,		. ,		` '	
		Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
17.		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
18.		Total Common Stock (Sum of Lines 1 through 17)(Page 2, Line 2.2, Net Admitted Asset)	0	0	(0	XXX	0	XXX	0	XXX	0
		REAL ESTATE										
19.		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
20.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
21.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
22.		Total Real Estate (Sum of Lines 19 through 21)	0	0	(0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
23.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
24.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
25.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
26.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
27.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
28.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
29.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
30.		Total with Bond Characteristics (Sum of Lines 23 through 29)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS **EQUITY AND OTHER INVESTED ASSET COMPONENT**

_	1 2 3 4 Basic Contribution Reserve Objective Maximum Reserve										m Dagania	
			1	2	3	4	Basic (Contribution	reserv 7	e Objective 8	Maximu 9	m Reserve 10
Line				Reclassify		Balance for AVR	9		,		3	10
Num-	NAIC		Book/Adjusted	Related Party	Add Third Party	Reserve Calculations		Amount		Amount		Amount
ber	Designation	Description	Carrying Value	Encumbrances	Encumbrances	(Cols. 1 + 2 + 3)	Factor	(Cols.4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS										
		OF PREFERRED STOCKS										
31.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
32.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
33.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
34.	4	Low Quality		XXX	XXX		0.0213	0	0.0530	0	0.0750	0
35.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
36.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
37.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
38.		Total with Preferred Stock Characteristics (Sum of Lines 31 through 37)	0	XXX	xxx	0	XXX	0	xxx	0	xxx	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS	•	7000	7000		7000		7000	·	7000	
		OF MORTGAGE LOANS										
		In Good Standing:										
39.		Farm Mortgages			XXX	0	0.0063 (a)	0	0.0120 (a)	0	0.0190 (a)	0
40.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
41.		Residential Mortgages - All Other		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
42.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
43.		Commercial Mortgages - All Other			XXX	0	0.0063 (a)	0	0.0120 (a)	0	0.0190 (a)	0
44.		In Good Standing With Restructured Terms			XXX		0.2800 (b)	0	0.6200 (b)	0	1.0000 (b)	0
		Overdue, Not in Process:										
45.		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
46.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
47.		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
48.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
49.		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure:										
50.		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
51.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
52.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
53.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
54.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
55.		Total with Mortgage Loan Characteristics (Sum of Lines 39 through 54)	0	0	XXX	0	XXX	0	XXX	n	XXX	0
		unough o -i)	U	U	^^^	U	^^^	0	^^^	1	^^^	U

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

	1 2 3 4 Basic Contribution Reserve Objective Maximum Reserve											
			1	2	3	4	Basic (Contribution I 6	Heserve	Objective	Maximu 9	m Reserve 10
Line Num- ber	NAIC Designation	Description	Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5 Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	9 Factor	Amount (Cols. 4 x 9)
Dei	Designation	INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS	Carrying value	Liteumbrances	Liteumbrances	(0015. 1 + 2 + 3)	i actor	(COIS.4 X 3)	i actor	(COIS. 4 X 7)	i actor	(OOIS. 4 X 9)
		OF COMMON STOCK										
56.		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1300 (d)	0	0.1300 (d)	0
57.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
58.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
59.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	xxx	0	0.0000	0	0.1300	0	0.1300	0
60.		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
61.		Total with Common Stock Characteristics (Sum of Lines 56 through 60)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
62.		Home Office Property (General Account only)					0.0000	0	0.0750	0	0.0750	0
63.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
64		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
65.		Total with Real Estate Characteristics (Lines 62 through 64)	0	0	(0	XXX	0	XXX	0	XXX	0
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
66.		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
67.		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
68.		State Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
69.		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
70.		Total LIHTC	0	0	(0	XXX	0	XXX	0	XXX	0
		ALL OTHER INVESTMENTS										
71.		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1300	0	0.1300	0
72.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	0
73.		Total All Other (Sum of Lines 71 + 72)	0	XXX	(0	XXX	0	XXX	0	XXX	0
74.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73)	0	0	(0	XXX	0	XXX	0	XXX	0

⁽a) Times the company's experience adjustment factor (EAF).

⁽b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

⁽c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

⁽d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

⁽e) Determined using the same factors and breakdowns used for directly owned real estate.

Asset Valuation Reserve Replications (Synthetic) Assets $N\ O\ N\ E$

Schedule F - Claims NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

						Credit		COIDL						Other Individual C	ontracts				
		Tota	.1	Group Acc and Hea		Accident and	Health	Collectively Re		Non-Car		Guaranteed Re		Non-Renewable Reasons (Other Accider	-t Ol-	All Other	
		1 ota	2	and Hea	aith 4	(Group and Inc	6	7	newable 8	Non-Car 9	10	Guaranteed Re	12	13	Uniy 14	Other Accider	16	17	18
		Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
-						PA	RT 1 A	NALYSIS OF U	JNDERW	RITING OPE	RATIONS				1 1				
1.	Premiums written	1, 111,740,234	XXX		XXX		XXX		XXX		XXX	0	XXX	,	XXX		XXX	1,111,740,234	XXX
2.	Premiums earned	1, 111,740,234	XXX		XXX		XXX		XXX		XXX	0	XXX		XXX		XXX	1,111,740,234	XXX
3.	Incurred claims	891,691,508	80.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	891,691,508	80.2
4.	Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	891,691,508	80.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	891,691,508	80.2
	Increase in contract reserves	0	0.0	٥	0.0	0		٥	0.0	٥	0.0	0		٥	0.0	۷	0.0	0	0.0
6.			0.0		0.0	u	0.0	u	0.0	υ	0.0	U	0.0		0.0		0.0		0.0
	Commissions (a)																	101 505 110	
	Other general insurance expenses	121,565,119	10.9		0.0		0.0		0.0		0.0	0	0.0		0.0		0.0	121,565,119	10.9
9.	Taxes, licenses and fees	478,995	0.0		0.0		0.0		0.0		0.0	0	0.0		0.0		0.0	478,995	0.0
10.	Total other expenses incurred	122,044,114	11.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	122,044,114	11.0
11.	Aggregate write-ins for deductions	181,492	0.0	0	0.0	0	0.0	0	0.0	0	0.0	181,492	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	97,823,120	8.8	0	0.0	0	0.0	0	0.0	0	0.0	(181,492)	0.0	0	0.0	0	0.0	98,004,612	8.8
13.	Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	97,823,120	8.8	0	0.0	0	0.0	0	0.0	0	0.0	(181,492)	0.0	0	0.0	0	0.0	98,004,612	8.8
	DETAILS OF WRITE-INS																		
1101.	Penalties and filnes	181,492	0.0		0.0		0.0		0.0		0.0	181,492	0.0		0.0		0.0		0.0
1102.					ļ														ļ
1103.																	-		
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	181,492	0.0	0	0.0	0	0.0	0	0.0	0	0.0	181,492	0.0	0	0.0	0	0.0	0	0.0

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1		2	3	4		,	Other Individual Contract	ts	
				Credit		5	6	7	8	9
				Accident and Health				Non-Renewable		
			roup Accident	(Group and	Collectively		Guaranteed	for Stated	Other Accident	
	Total		and Health	Individual)	Renewable	Non-Cancelable	Renewable	Reasons Only	Only	All Other
			PART 2.	- RESERVES AND	LIABILITIES				1	
A. Premium	n Reserves:									
1. Un	nearned premiums	0								
2. Ad	dvance premiums	60,816								160,816
3. Re	eserve for rate credits	0								
4. To	otal premium reserves, current year	60,816	0	0	0	0	0	0	0	160,816
5. Tot	otal premium reserves, prior year	0								
		60,816	0	0	0	0	0	0	0	160,816
B. Contract	Reserves:									
1. Ad	dditional reserves (a)	0								
2. Re	eserve for future contingent benefits	0								
3. Tot	otal contract reserves, current year	0	0	0	0	0	0	0	0	0
4. Tot	otal contract reserves, prior year.	0								
5. Inc	crease in contract reserves	0	0	0	0	0	0	0	0	0
C. Claim Re	eserves and Liabilities:									
1. Tot	otal current year	78,404	0	0	0	0	0	0	0	70,078,404
2. Tot	otal prior year80,2	44,794								80,244,794
3. Inc	crease (10,1	66,390)	0	0	0	0	0	0	0	(10,166,390)

PART 3 TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES										
Claims paid during the year:										
1.1 On claims incurred prior to current year	74,717,521								74,717,521	
1.2 On claims incurred during current year	827,140,377								.827, 140, 377	
2. Claim reserves and liabilities, December 31, current year:										
2.1 On claims incurred prior to current year	558,003								558,003	
2.2 On claims incurred during current year	69,520,401								69,520,401	
3. Test:										
3.1 Lines 1.1 and 2.1	75,275,524	0	0	0	0	0	0	0	75,275,524	
3.2 Claim reserves and liabilities, December 31, prior year	80,244,794								80,244,794	
3.3 Line 3.1 minus Line 3.2	(4,969,270)	0	0	0	0	0	0	0	(4,969,270	

	PART 4 REINSURANCE								
A. Reinsurance Assumed:									
Premiums written									
Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions	-								

(a)	Includes \$	 premium	deficiency	reserve

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A. Dire	ct:				
1.	Incurred Claims	519,232,019		372,459,488	891,691,507
2.	Beginning Claim Reserves and Liabilities	45,964,758		34,280,036	80,244,794
3.	Ending Claim Reserves and Liabilities	39,461,178		30,617,226	70,078,404
4.	Claims Paid	525,735,599	0	376, 122, 298	901,857,897
B. Assi	umed Reinsurance:				
5.	Incurred Claims				0
6.	Beginning Claim Reserves and Liabilities				0
7.	Ending Claim Reserves and Liabilities				0
8.	Claims Paid	0	0	0	0
C. Ced	ed Reinsurance:				
9.	Incurred Claims				0
10.	Beginning Claim Reserves and Liabilities				0
11.	Ending Claim Reserves and Liabilities				0
12.	Claims Paid	0	0	0	0
D. Net:					
13.	Incurred Claims	519,232,019	0	372,459,488	891,691,507
14.	Beginning Claim Reserves and Liabilities	45,964,758	0	34,280,036	80,244,794
15.	Ending Claim Reserves and Liabilities	39,461,178	0	30,617,226	70,078,404
16.	Claims Paid	525,735,599	0	376, 122, 298	901,857,897
E. Net	Incurred Claims and Cost Containment Expenses:				
17.	Incurred Claims and Cost Containment Expenses	519,232,019		372,459,488	891,691,507
18.	Beginning Reserves and Liabilities	45,964,758		34,280,036	80,244,794
19.	Ending Reserves and Liabilities	39,461,178		30,617,226	70,078,404
20.	Paid Claims and Cost Containment Expenses	525,735,599	0	376, 122, 298	901,857,897

Schedule S - Part 1 - Section 1

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2
NONE

Schedule S - Part 3 - Section 1

NONE

Schedule S - Part 3 - Section 2
NONE

Schedule S - Part 4
NONE

Schedule S - Part 5
NONE

Schedule S - Part 6
NONE

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

			Allocated by	States and Terri	tories Direct Bus	iness Only		
			1	2	3	4	5	6
			Life (Group and	Annuities (Group and	Disability Income (Group and	Long-Term Care (Group and	Deposit-Type	
	States, Etc.		Individual)	Individual)	Individual)	Individual)	Contracts	Totals
1.	Alabama	AL						
2.	Alaska	AK			<u> </u>			
3.	Arizona	ΑZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	HI						
13.	ldaho	ID						
14.	Illinois	IL			<u> </u>			
15.	Indiana	IN		<u> </u>	<u> </u>	<u> </u>		
16.	lowa	IA						
17.	Kansas	KS						
18.	Kentucky	KY						
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	Massachusetts	MA						
23.	Michigan	MI						
24.	Minnesota	MN						
25.	Mississippi	MS						
26.	Missouri	MO			 			
27.	Montana	MT			·			
28.	Nebraska	T			+			
29.	Nevada	NV						
30.	New Hampshire	NH '			\			
31.	New Jersey	NJ						
32.	New Mexico	NM			<u> </u>			
33.	New York	NY			 			
34.	North Carolina							
35.	North Dakota	ND						
36.		ОН						
37.	Oklahoma							
38.	Oregon							
39.	Pennsylvania							
40.	Rhode Island							
41.	South Carolina							
42.	South Dakota							
43.	Tennessee							
44.	Texas			<u> </u>	<u> </u>	l		
45.	Utah	_			 	<u> </u>		<u> </u>
46.	Vermont							1
47.	Virginia							
48.	Washington							
49.	West Virginia							
50.	Wisconsin							
51.	Wyoming				 	<u> </u>		1
52.	American Samoa				 	<u> </u>		1
53.	Guam							
54.	Puerto Rico							
55.	U.S. Virgin Islands							
56.	Northern Mariana Islands							
57.	Canada	-		 	 			
58.	Aggregate Other Alien	OT		 	 	ļ	 	
59.	Total		ĺ			1		

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

		I AILI 4	- SUMMAN		JUILLI	IIIAIIOAC	TIOI45 W					
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
						(Disbursements)						
					Purchases, Sales	Incurred in						Reinsurance
					or Exchanges of	Connection with		Income/		Any Other Material		Recoverable/
					Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on
NAIC					Real Estate,	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or
Company	Federal ID	Names of Insurers and Parent,	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's		Reserve Credit
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	20-1821898	HealthSprings, Inc.				` ,	34,320,946	J			34,320,946	` ''
		NewQuest, LLC	45,000,000	(10,000,000)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				35,000,000	
		HealthSpring Management of America, LLC		(10,000,000)	n		50,659,049				50,659,049	
	76-0657035	GulfQuest, LP	***************************************	10,000,000	۸		69,980,149				79,980,149	
	20 0524200	HealthSpring Life & Health Insurance		10,000,000							13,300,143	
12902			(45, 202, 202)				(454 000 444)				(400,000,444)	
		Company, Inc.	(45,000,000)		0		(154,960,144)		· · · · · · · · · · · · · · · · · · ·		(199,960,144)	
									···			
			 							 		
9999999 Co	ntrol Totals		n	Λ	٥	n	Λ	0	XXX	n	n	n
2300000 00			0	U	U	1 0	U	U	^^^	1 0	0	U

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	_	Responses
1.	MARCH FILING Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
		YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	TES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
9.	JUNE FILING Will an audited financial report be filed by June 1?	YES
		\/F0
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
for which	owing supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be plement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory was required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory was required to be filed as part of your company does not transact the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be plement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory was required to be plement in the provide and provide an explanation following the interrogatory was required to be plement in the provide and provide an explanation following the interrogatory was required to be plement in the provide and provide an explanation following the interrogatory was required to be provided as a part of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory was required to be provided as a part of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory was required to be provided as a part of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory was required to be provided as a part of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory was a part of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provid	e printed below. If
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile 27 and electronically with the NAIC by March 1? Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the 28 NAIC by March 13 N0 Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the 29. NAIC by March 1?

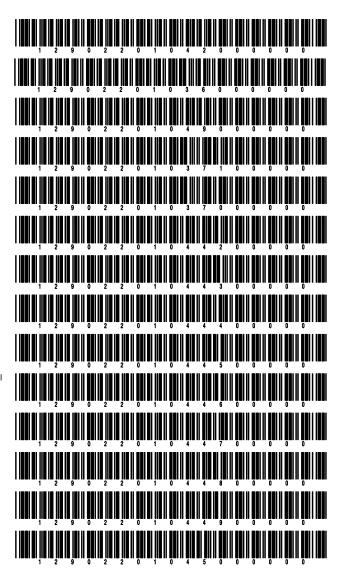
Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of NO domicile and electronically with the NAIC by March 1? N0 Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? 31 N0 Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the 32. Will the Worker's Compensation Carve-Out Supplement be filed by March 1? 33 N0 Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? 35. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? YES **APRIL FILING** Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1? 37. N0 38 40 Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1? N0 Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1? ... Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? 42 43 Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the stateof domicile and the NAIC by NO AUGUST FILING 44. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? YES 12. 13. 14 15 16 17 18 19

Bar Codes:

- 12. SIS Stockholder Information Supplement [Document Identifier 420]
- 13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
- 14. Trusteed Surplus Statement [Document Identifier 490]
- 15. Participating Opinion for Exhibit 5 [Document Identifier 371]
- 16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
- 17. Actuarial Opinion on X-Factors [Document Identifier 442]
- Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]
- Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]
- Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]
- Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]
- 22. Reasonableness of Assumptions Certification for Implied Guaranteed Rate

Method required by Actuarial Guideline XXXVI [Document Identifier 447]

- Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]
- Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]
- 25. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]

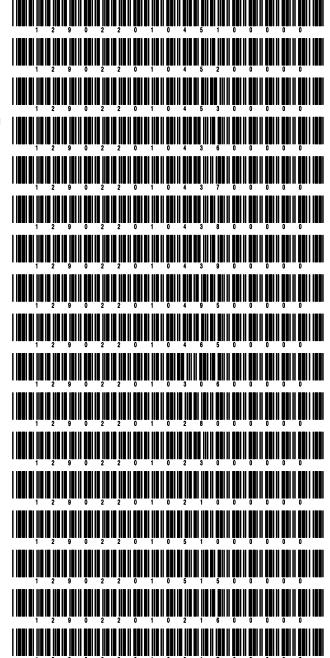


C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]

- 27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]
- 28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]

26.

- Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]
- 30. Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]
- 31. Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]
- Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]
- 33. Workers' Compensation Carve-Out Supplement [Document Identifier 495]
- 34. Supplemental Schedule O [Document Identifier 465]
- 36. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 37. Interest-Sensitive Life Insurance Products Report Forms [Document Identifier 280]
- 38. Credit Insurance Experience Exhibit [Document Identifier 230]
- 39. Accident and Health Policy Experience Exhibit [Document Identifier 210]
- 40. Analysis of Annuity Operations by Lines of Business [Document Identifier 510]
- Analysis of Increase in Annuity Reserves During the Year [Document Identifier 515]
- 42. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- 43. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]



OVERFLOW PAGE FOR WRITE-INS

NONE



MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

	Group Code 3477	Individual Co	led by March 1) overage	Group Co		any Code 12902 5
		1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1.	Premiums Collected	insured	Omnoured	insured	Omnoured	Total Gaen
	1.1 Standard Coverage					
	1.11 With Reinsurance Coverage	437.491.057	xxx		XXX	437.491.0
	1.12 Without Reinsurance Coverage				XXX	
	1.13 Risk-Corridor Payment Adjustments				XXX	
	1.2 Supplemental Benefits				XXX	
2.	Premiums Due and Uncollected-change					
	2.1 Standard Coverage					
	2.11 With Reinsurance Coverage	10.915.168	xxx		XXX	xxx
	2.12 Without Reinsurance Coverage				XXX	
	2.2 Supplemental Benefits					
3.	Unearned Premium and Advance Premium-change					
0.	3.1 Standard Coverage					
	3.11 With Reinsurance Coverage		XXX		XXX	XXX
	3.12 Without Reinsurance Coverage					
	3.2 Supplemental Benefits					
4.	Risk-Corridor Payment Adjustments-change					
4.	4.1 Receivable		VVV		VVV	VVV
	4.2 Payable				XXX	
_	•	(2,310,009)	XXX		XXX	
5.	Earned Premiums					
	5.1 Standard Coverage	449 406 005	2007	0	2007	2004
	5.11 With Reinsurance Coverage				XXX	
	5.12 Without Reinsurance Coverage					XXX
	5.13 Risk-Corridor Payment Adjustments				XXX	
	5.2 Supplemental Benefits		XXX	0	XXX	XXX
6.	Total Premiums	446,056,412	XXX	0	XXX	437,460,1
7.	Claims Paid					
	7.1 Standard Coverage					
	7.11 With Reinsurance Coverage					461,335,5
	7.12 Without Reinsurance Coverage					
	7.2 Supplemental Benefits		XXX		XXX	
8.	Claim Reserves and Liabilities-change					
	8.1 Standard Coverage					
	8.11 With Reinsurance Coverage	(88,876,049)	XXX		XXX	
	8.12 Without Reinsurance Coverage		XXX		XXX	XXX
	8.2 Supplemental Benefits		XXX		XXX	XXX
9.	Health Care Receivables-change					
	9.1 Standard Coverage					
	9.11 With Reinsurance Coverage		XXX		XXX	XXX
	9.12 Without Reinsurance Coverage		XXX		XXX	XXX
	9.2 Supplemental Benefits		XXX		XXX	XXX
10.	Claims Incurred					
	10.1 Standard Coverage					
	10.11 With Reinsurance Coverage	372,459,488	XXX	0	XXX	xxx
	10.12 Without Reinsurance Coverage	0	XXX	0	XXX	xxx
	10.2 Supplemental Benefits	0	XXX	0	XXX	XXX
11.	Total Claims	372,459,488	XXX	0	XXX	461,335,5
12.	Reinsurance Coverage and Low Income Cost Sharing					
	12.1 Claims Paid - Net of Reimbursements Applied	XXX		xxx		
	12.2 Reimbursements Received but Not Applied- change	XXX		XXX		
	12.3 Reimbursements Receivable-change	XXX		XXX		XXX
	12.4 Health Care Receivables-change	XXX		xxx		xxx
13.	Aggregate Policy Reserves-change					XXX
14.	Expenses Paid	44,952,229	XXX		XXX	44,952,2
15.	Expenses Incurred		XXX		XXX	xxx
16.	Underwriting Gain/Loss	28,612,320	XXX	0	XXX	XXX
17.	Cash Flow Results	XXX	XXX	XXX	XXX	(68,827,6

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